

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 Almer Moore
in a Top Seal Vault Funeral, date, time Wed - 2/5 2:30P

Church, Chapel, Graveside Chapel # 85 Raindale Mortuary.
Military B.S.

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 1946 - Korean

✓ Lot 51 Grave 6 Row - Section 2 Division/Block 11

Grave space & Care Fund	.....	<u>495.00</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>35.00</u>
Sales taxes	.....	<u>10.50</u>
Total Due	.....	<u>1205.50</u>
Paid receipt number <u>33071</u>	.....	<u>1205.50</u>
Balance due	.....	<u>0</u>

PAID
FEB 4 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Payment Info
Burial

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 Norall Moore
Signature
x
Address 2653 K Street
City San Diego, Calif Zip Code
Telephone 238-1200
Invoice # 92102
Acct. # _____

Work Order # E 5701
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
 284-3151

No 33071

Date: 12-14, 1986

From: Harold Moore Address: 2653 2nd St San Diego

Twelve Hundred Five and 50/100 Dollars (\$ 1205.50)

In full Payment of Harold Moore

Lot 51 Grave 6 Row 2 Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5701

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. King

CREDIT	87807		
20% Sales Tax	77184	89	00
80% Sales of Lots	100	76	00
77184			
Openings & Service Charges	100	20	00
77181			
Grav. Containers	100	195	00
77182			
Recording fees or misc. service fees	100	205	00
77183			
Sales Tax	80101	70	50
9030			
TOTAL PAID		1205	50

E5701

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Almer Moore		SEX Male	DATE OF BIRTH Sept. 25, 1926	DATE OF DEATH Feb. 2, 1986
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 Norall Moore - Wife 2653 "L" Street San Diego, Calif. 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	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			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 5 1986	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 FEB 5 1986 (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.

Veteran

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 Eric S. Reise

in a T.S Vault Funeral, date, time THURS 2/6 1:00

Church, Chapel, Graveside Chapel + T.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 _____

✓ Lot 93 Grave 2 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund Paid - 1950 _____

Additional spaces and care fund now _____

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

Sharon Greenwood

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

Joert @ Greenwood,

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 040629

Acct. # 016380

Work Order # E 5702

PP-593 (REV. 8-85)

Bill Greenwood

E5702

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Eric Gustave Reise		SEX Male	DATE OF BIRTH Aug. 3, 1896	DATE OF DEATH Feb. 2, 1986
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 Lorreon D. Tracy—Daughter 11201 Constellation Drive Si Cajon, California 92020	
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 Mt. Hope Cemetery, 8751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 05 1986 FEB 6 1986 (ENTER DATE)
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. ... SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Greenwood Mortuary

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

E5702

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/09/86

DATE: 04/09/86
TIME: 2:10:32
PAGE: 0

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040629	03/05/86	016380	GREENWOOD MORTUARY & CEMETERY			04/02/86	CK	268914	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-5702

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 710.50

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

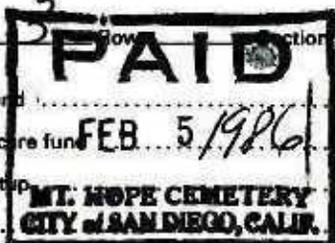
Date 02-04-86

Transfer of Property from
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Ralph Wright Sr to: Sauea Hogen

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 46 Grave 3 Row 3 Section 7 Division/Block 6



Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Transfer 35.00

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number 33025 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.

Ralph U Wright Sr
Signature _____

Signature of recorded holder of deed

San Antonio, PA
Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5703

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 38075

Date: 2/4/86, 19

From: March Account Address: 644 Floyd Ave 92010
Thurston Ave
 In Full PD Payment of Transfer fee Dollars \$ 35.00

Lot 46 Grave 3 Row 3 Section 7 Division Block 6

Invoice No. _____
 Acct. No. _____
 W.O. F-5703
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE SYSTEM UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 07 1986
 1986
 ISSUED BY [Signature]

CREDIT	151997	
20% Sales Tax	77194	
80% Sales of Lots	100	
	77194	
Openings & Service Charges	100	
	77194	
Burial Containers	100	
	77194	
Recording fees or misc. service fees	100	
	77194	<u>30.00</u>
Sales Tax	69101	
	6920	<u>1.1</u>
TOTAL PAID		<u>35.00</u>

Pre-Need At Need On Acct
 Ck Cash
25.00
 AC-212 (Rev. 8-85)



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

^{E5703}
DUPLICATE DEED
07/08/1985

DEED

No 11179

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ralph V. Wright, SR. for the sum of \$ 15.00 (DOLLARS)

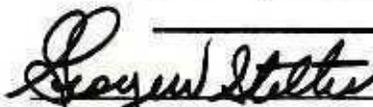
LEGAL DESCRIPTION Lot 46, Grave 3, Section 7, Division 6

AS DESCRIBED ON PURCHASE ORDER NUMBER B-8242

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

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

Regulation marker


Cemetery Manager


Property Director

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Ralph V. Wright Sr., 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 3 and Grave 6
Lot 46, Section 7, Division 6
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.

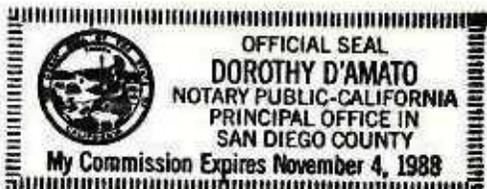
WITNESS my hand this 26 day of July, 1985.
Ralph V. Wright Sr.

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this 26 day of July, in the year 1985, before me, the undersigned, a Notary Public in and for said State, personally appeared Ralph V. Wright

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.
Dorothy D'Amato
Notary Public in and for said State.



1/26/80

Mt. Hope Cemetery
 3751 Market St.
 San Diego, Calif. 92102

Attn: Mr. Ray Dehne

This is to notify you of changes I would like to make regarding plots held in my name.

Please delete Ruby Wright on any lots assigned to her in Section 7, division 6, lot 46 & graves 1, 3, & 6.

I desire to have grave 1 in aforementioned description to be kept in reserve for myself.

The remaining lots 3 & 6 are to be held for my two sons, Ralph V. Wright & Harold Bell Wright to be used as they so wish.

Thank you

Ralph Vinton Wright Sr.
 RALPH VINTON WRIGHT, SR.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-04-86

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

of Leslie Ann Hogan
in a Linier Wallo/Liner Funeral, date, time Thurs Feb 10AM

Church, Chapel, Graceland Mortuary, Merkley

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 46 Grave 3 Row _____ Section 7 Division/Block 6

Grave space & Care Fund Transfer

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
FEB 4 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 606.00

Paid receipt number 33069 606.00

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.
Laura Hogan
Signature of recorded holder of deed
(Mother)

Laura Hogan
Signature
3301 Westview Dr.
Address
San Diego, CA 92106
State 224-1618 Zip Code
Telephone

Work Order # E 5704
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 33069

Date: 02-14, 1986

From: Kathie S. Paganate Address: 2672 Fenwick Dr. La Jolla Ca 92036

Six hundred six and no/100 Dollars (\$ 606.00)

In cash Payment of Fresh Ann Hogan services

Lot 46 Grave 3 Row 7 Section 7 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-5704

Unpaid Balance after this Payment 0

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
 FEB 05 1986

ISSUED BY B. King

CREDIT	67007		
30% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		320.00
Burial Containers	100		
	77182		100.00
Recording fees or misc. service fees	100		
	77183		180.00
Sales Tax	60101		
	8030		6.00
TOTAL PAID			606.00

E5704

PERMIT FOR POSITION OF HUMAN REMAINS

NAME OF DECEDENT Leslie Ann Hogan		SEX Female	DATE OF BIRTH Jan. 30, 1968	DATE OF DEATH Feb. 3, 1986
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 Laura Hogan, Mother 3301 Wisteria Dr. San Diego, CA 92106
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Herkley-Mitchell Mortuary		CALIFORNIA LICENSE NUMBER F-119		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 04 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 6 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-04-86

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

of Tennessee Rene

in a liner Funeral, date, time Fri 2/7 - 11Am

Church, Chapel, Graveside Chucky & S Feathermire 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 5084 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320⁰⁰

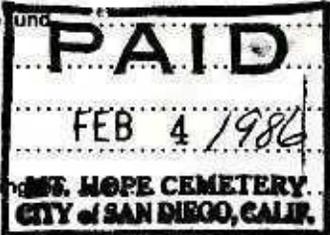
Burial Container 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting 35⁰⁰

Recording and filing fee 6⁰⁰

Sales taxes _____



Total Due 606⁰⁰

Paid receipt number 33070 606⁰⁰

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.

Lallene C Burns
Signature of recorded holder of deed

Lallene C Burns
Signature
729 710-41 St
Address
California
State
262-7878
Telephone
Zip Code _____

Work Order # E 5705

Invoice # _____

Acct. # _____

2/7/86

Family claims purchased in
2-12-

After offered to give them 20-10-2-12
in exchange they decided to keep grain
as blessed.

Family witnessed lowering -

G.W.S.

1 P. 13

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33070

Date: 12-14, 1986

From: Thelma Burns Address: 709 N. 41st St. La Jolla

City purchased in and no fee Dollars (\$ 100.00)

In full Payment of Tennessee C. Box Service

Lot 5084 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5705

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
 FEB 05 1986

ISSUED BY B. King

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>1200</u>	<u>00</u>
	77181		
Burial Containers	100	<u>100</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>100</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>6</u>	<u>00</u>
	8030		
TOTAL PAID		<u>1006</u>	<u>00</u>

E5705

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT TENNESSEE CLINE LOGAN-RENE		SEX female	DATE OF BIRTH Dec. 30, 1901	DATE OF DEATH Feb. 3, 1986
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 Lallene C. Burns, daughter 729 No. 41st St. San Diego, Ca. 92102
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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 4 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 7 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald 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 02-04-86

Proceed lot for
John Cox

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

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 5069 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 695.00

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 695.00
Paid receipt number 33072-100.00
Balance due 595.00
(over)

02-04-86
35 @ \$17.00

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

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

Signature of recorded holder of deed _____

John W Cox
Signature
7552 Duran Court Way
Address

City Escondido Zip Code 92114

Telephone 4903940

Work Order # **E 5706**

Invoice # _____

Acct. # _____

		595 ⁰⁰
		18 ⁰⁰
8-1-86	33628 ✓	<hr/> 577 ⁰⁰
		18 ⁰⁰
9-29-86	33779 ✓	<hr/> 559 ⁰⁰
		18 ⁰⁰
10-6-86	33808 ✓	<hr/> 541 ⁰⁰
		36 ⁰⁰
12-4-86	33976 ✓	<hr/> 505 ⁰⁰
		18 ⁰⁰
01-06-87	34063 ✓	<hr/> 487,00
		18 ⁰⁰
02-17-87	34209 ✓	<hr/> 469 ⁰⁰
		18 ⁰⁰
03-10-87	34281 ✓	<hr/> 451 ⁰⁰

See E 6592 for balance
of account.

4-87

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33072

Date: 02-04, 1986

From: John Coy Address: 755: Buena Vista Dr. #114

Five hundred and no/100 Dollars (\$ 500.00)

In part Payment of Monarch Plot

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5706

Unpaid Balance after this Payment 595.00

Pre-Need At Need On Acct
 Ck Cash

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

AUDITOR
 FEB 05 1986

ISSUED BY S. [Signature]

CREDIT	57827		
20% Sales Tax	77184	<u>20</u>	<u>00</u>
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	80191		
8820			
TOTAL PAID		<u>400</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 33628

Date: 08-07, 1986

From: John Coy Address: 2552 Dunwood Way, #9-114

In 1800 Dollars (\$ 18⁰⁰)

Payment of Credit 1st Sale

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5706

Unpaid Balance after this Payment \$577.00

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
 AUG 13 1986
 ISSUED BY B. Bang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>18 70</u>
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>18 70</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK,

ACCOUNT No. E-5706

L. E 5706

John Cox
7552 Dunwood Way
San Diego, CA 92114

Month and Day Due Indicated Below

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

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

10th

\$ 17.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ 18.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33779

Date: 09-27, 1976

From: John Cox Address: 7552 Sunwood Way, San Diego 92114
Ad. stea and no. 100 Dollars (\$ 18.00)
 In aid Payment of Credit Sales Est

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-5706
 Unpaid Balance after this Payment \$559.00

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

CITY AUDITOR

OCT 02 1986

ISSUED BY L. O'Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>18</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		
9000			
TOTAL PAID		<u>18</u>	<u>00</u>

Pre-Need At Need On Acct
 Ck Cash

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

E5706

ACCOUNT No. **E-5706**

John Cox

7552 Dunwood Way

San Diego, CA 92114

Month and Day Due Indicated Below

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

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

10th

\$ 17.00

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

\$ 1.00

\$ 18.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33808

Date: 10-6, 1986

From: John Cox Address: 7552 Deerwood Way, San Diego, CA 92114

In part Payment of prepaid lot Dollars (\$ 18⁰⁰)

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5706

Unpaid Balance after this Payment \$541⁰⁰

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR

OCT 10 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>18</u>	<u>00</u>
77184			
Openings & Service Charges	100		
77181			
Barrel Containers	100		
77102			
Recording fees or relic. service fees	100		
77183			
Sales Tax	80101		
8020			
TOTAL PAID	\$	<u>18</u>	<u>00</u>

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

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5706**

E5706

**John Cox
7552 Dunwood Way
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th

\$ **17.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

Amount Received

\$ **18.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 33976



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

From: John Cox Address: 7552 Dunwood Way, San Diego Ca 92114 Date: 12-4, 19 86
thirty six and no/100 Dollars (\$ 36⁰⁰)
 In part Payment of Preneed lot

Lot 5069 Grave _____ Row _____ Section _____ Division Block- 10

Invoice No. _____
 Acct. No. _____
 W.O. E5706
 BALANCE DUE \$505⁰⁰

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>36 00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9082	
Sales Tax	80101	
	78980	
TOTAL PAID	\$	<u>36 00</u>

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

ISSUED BY B. Lang

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-5706** - *E5706*

**John Cox
7552 Dunwood Way
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th



\$ **17.00**

Amount due if paid more than 10 days after due date above.

10



E5706
\$ **1.00**

\$ _____

Amount Received

\$ **18.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-5706

55706

John Cox

7552 Dunwood Way

San Diego, CA 92114

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.

0th



\$ **17.00**

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



\$ **1.00**

\$ _____

Amount Received

\$ **18.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

OFFICIAL RECEIPT

No 34063



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 01-06, 1987

From: John Cox Address: 7552 Dunwood Way Sta 92114

Eighteen and no/100 Dollars (\$ 18⁰⁰)

In full Payment of Preneed lot

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____

Acct. No _____

W.O. E5706

BALANCE DUE \$487⁰⁰

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.

JAN 08 1987

ISSUED BY B. Tang

CREDIT	67007	
25% Sales Com	77184	
80% Sales of Lots	100	<u>18 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60333	
	6022	
Sales Tax	60101	
	76390	
TOTAL PAID		<u>18 00</u>

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-5706

E5706

John Cox

7552 Dunwood Way

San Diego, CA 92114

Month and Day Due Indicated Below

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

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

10th



\$ ~~17.00~~

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



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34209



WHITE TO CUSTOMER
 CANARY TO CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

Date: 2/11/78 / 87 19

From: John Coy Address: 7552 Dunsmuir St SD 92114
Seventeen and two Dollars (\$ 18⁰⁰)
 In Coupon # 7 Payment of Credit Sale Coupon # 7

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____
 Acct. No _____
 W.O. E-5706
 BALANCE DUE \$469⁰⁰

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

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	18	00
Opening/Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	77185		
Pre-Need Trust	60033		
	60022		
Sales Tax	80101		
	75380		
TOTAL PAID	\$	18	00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
Home Field #006 0020431
 AD-212 (Rev. 11-66)

ISSUED BY Sease

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5706**

E5706

**John Cox
7552 Dunwood Way
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th



\$ **17.00**

Amount due if paid more than **10** days
after due date above.

10



\$ **1.00**

M-2
34209

\$ _____

Amount Received

\$ *18.00*

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

OFFICIAL RECEIPT

No 34281



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

Date: 03-10, 1987

From: John Cox Address: 7552 Dunwood Way, #104

Eighteen and no/100 Dollars (\$ 18.00)

In no Payment of Preneed lot

Lot 5069 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5706

BALANCE DUE \$ 451.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-86)

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

ISSUED BY B. Sang

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>18.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>18.00</u>

Use one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5706**

E5706

**John Cox
7552 Dunwood Way
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th



\$ **17.00**

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



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-04-86

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

of Hosie Willis

in a liner Funeral, date, time Fri 2/7 2:00

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 100 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	820.00
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 <u>33073</u>	330.00
Balance due	526.00

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

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

Signature of recorded holder of deed _____

Charlean Willis
Signature
702 Olivewood Terr.
Address
San Diego, Ca. 92113
State
264-3917
Telephone Zip Code

Work Order # E 5707
PY-593 (REV. 8-85)

Invoice # 040627
Acct. # 016379

2/11/86 33093

526⁰⁰

380⁰⁰

146⁰⁰

NOTE—STRAIGHT\$ 526⁰⁰ San Diego, California, Feb. 4, 198660 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 92102the sum of Five hundred twenty six and 00/100 — DOLLARS.with interest from April 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.

_____ Charlan Wilkins

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
 284-3151

No 33093

Date: 02-11, 1986

From: American Willis Address: 102 Chippinwood Terrace La Jolla
Three hundred ninety and no/100 Dollars (\$ 380.00)

In part Payment of Grave Marker Service

Lot 100 Grave 12 Row _____ Section 9 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5767
 Unpaid Balance after this Payment \$ 146.00

Pra-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 13 1986
 ISSUED BY B. Wang

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>340</u>	<u>00</u>
	77181		
Burial Containers	100	<u>100</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>40</u>	<u>00</u>
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		<u>\$ 380</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
 254-3151

No 33073

Date: 02-04, 1986

From: Charlene Willis Address: 7111 Mission Road, San Diego, CA 92118

One hundred thirty and no/100 Dollars (\$ 130.00)

In part Payment of Gabrie Willis Service

Lot 100 Grave 12 Row _____ Section _____ Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5707

Unpaid Balance after this Payment \$56.00

Pre-Need At Need On Acct
 Ck Cash

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

006787
FEB 07 1986
AUDITOR

ISSUED BY C. D. [Signature]

CREDIT	87807	
20% Sales Tax	77184	
80% Sales of Lots	100	60.00
77184		
Openings & Service Charges	100	30.00
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	88101	
9020		
TOTAL PAID	4	56.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

4/10/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33247

Date: 04-13, 1986

From: Charles Willis Address: 715 Placerwood Way, San Diego 92111

One hundred forty six and no/100 Dollars (\$ 146.00)

In full Payment of Marie Willis Service

Lot 100 Grave 13 Row _____ Section 3 Division Block 11

Invoice No. 141637

Acct. No. 116379

W.O. E-5707

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

1986

ISSUED BY B. Tang

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Barrel Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		<u>146.00</u>

E 5707

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT HOSIE WILLIS		SEX MALE	DATE OF BIRTH April 17, 1909	DATE OF DEATH Jan. 29, 1986
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 Clover Willis - Wife	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	1455-2nd Avenue San Diego, California 92101	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 5 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 7 1986 (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>[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.

E5707

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/10/86

DATE: 04/10/86
TIME: 234731
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		
040627	03/05/86	016379	CHARLEAN WILLIS	100	072		77183	000072	04/03/86	CK	1402	146.00	146.00	0.00
				60101			9020					140.00		PAID IN FULL
												6.00		

E-5707

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-05-86

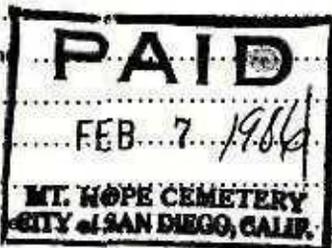
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Virginia Hendrick
in a Bell Funeral, date, time Feb 7 11 AM
at Chapel, Calverton; 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 69 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	
Recording and filing fee	35 ⁰⁰
Sales taxes	6 ⁰⁰
Total Due	856 ⁰⁰
Paid receipt number	33089
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 5708
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 33089

Date: Feb 17, 1986

From: Anderson Roadside Address: 5050 Federal St. Ca. 92116

In full Payment of Wagon Service Dollars (\$) 856.00

Lot 69 Grave 216 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F-5708

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
FEB 18 1986

ISSUED BY B. Lang

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>300</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 8020	<u>100</u>	<u>00</u>
TOTAL PAID		\$	<u>856.00</u>

E5708

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Virginia Hendrix		SEX Female	DATE OF BIRTH Nov. 22, 1914	DATE OF DEATH Feb. 1, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Gwen Burton - Daughter 4133 Jamul Avenue San Diego, California 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 6 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 7 1986 (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 2/6/86

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

of Ida Guess

in Bell-Louis Vault/Line Funeral, date, time Mon-2/6-11Am

Church, Chapel, Graveside Church # 28; Regular 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 43 Grave 8 Row - Section 16 Division/Block 7

Grave space & Care Fund Per need

Additional spaces and care fund none

Opening/Closing & Setup Per need -

Burial Container Per need

Handling Fees ==

Flower vases - Marker setting fee ==

Recording and filing fee 35.00

Sales taxes 35.00

Total Due 35.00

paid receipt number 33082 35.00

Balance due ⓪

PAID
FEB 6 1986
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 _____

Ida Guess
Signature
2077 HARRISON HWY. 7
Address
SAN DIEGO CALIF 92119
City
238-6118
Telephone
Zip Code

Work Order # E 5709

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. 33082

Date: 2/6/86, 19

From: J. Guess Address: 2077 Hamlin #2 - Pk - 92113

In full Payment of has been for J. Guess - dec Dollars (\$ 35.00)

Lot 43 Grave 8 Section 16 Division 7

Invoice No. _____

Acct. No. _____

W.O. E-5709

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

006973

CITY AUDITOR
 FEB 13 1986

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	<u>35.00</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>35.00</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 33099

Date: 2/12/86, 19

From: Ivory Queen Address: 2077 Hansen RD 92113

In Twenty Dollars (\$ 20⁰⁰)

In full Payment of Just fee on 2 Vases

His own Vases delivered - Cont'd

Lot 43 Grave 8 Row _____ Section K6 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5709

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

895-

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

ONLY AUDITOR
FEB 18 1986

ISSUED BY [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	<u>20 00</u>
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	0	<u>20 00</u>

E5709

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT IDA GUESS		SEX Female	DATE OF BIRTH Feb. 14, 1912	DATE OF DEATH Feb. 4, 1986
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 Ivory Guess - Son 2077 Harrison Ave. Apt. 2 San Diego, CA 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$8.00	DATE PERMIT ISSUED FEB 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 10 1986 (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 02-06-86

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

of Cyrus G. Buehler

in a Full Vault/Liner Funeral, date, time Mon 2/10 (3:00)

Church, Chapel, Graveside _____; Glen Abbey 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 Burial Time 10:30

Lot 95 Grave _____ Row _____ Section 100F Division/Block 21

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 set _____

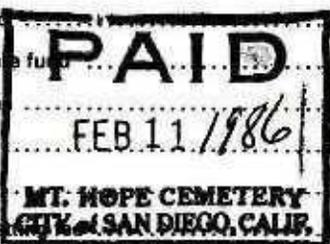
Recording and filing fee _____ 35.00

Sales taxes _____ 6.00

Total Due _____ 606.00

Paid receipt number 33094 _____ 606.00

Balance due _____ 0



*Called by
Glen Abbey*

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 5710
PY-583 (REV. 6-85)

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 33094

Date: 02-11, 1986

From: Ken Abner Address: 3138 Comita Rd. Comita Ca 92026

Six hundred six and no/100 Dollars (\$ 606.00)

In full Payment of Cypress L. Burial Service

Lot 95 Grave 101 Row 100F Section 100F Division 21 Block 21

Invoice No. _____

Acct. No. _____

W.O. E-5711

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 FULL" SPACE

AUDITOR
FEB 13 1986

ISSUED BY B. [Signature]

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>180.00</u>
	77183	
Sales Tax	80101	<u>5.00</u>
	8020	
TOTAL PAID		<u>606.00</u>

5710

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Cyrus George Buehrer		SEX Male	DATE OF BIRTH Sept. 20, 1884	DATE OF DEATH Feb. 5, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT [REDACTED]
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Glen Abbey Mortuary		CALIFORNIA LICENSE NUMBER F-3571		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<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)

<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, 3151 Market Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA	AMOUNT OF FEE PAID \$3.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 11 1986 <small>(ENTER DATE)</small>	DATE PERMIT ISSUED FEB 10 1986
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Rames</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.

E5710

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 2-11-86

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

I undersigned hereby request and authorize:
Name of Cemetery MT. HOPE CEMETERY
In accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT CYRUS G. BUEHRER Age _____ Sex _____
in the following described interment space:

Grave _____ Lot 95 Block 21 Lawn _____ Double Depth Yes No Section 100F

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature (SELF) / CYRUS BUEHRER / SELF - PRE NEED
(Authorized Representative) Print Name Relationship to Deceased

Address 125 AVERIL ROAD SAN YSIDRO, CA. 92073 Tel. No. _____
Street City State Zip

Signature _____ / _____ / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

OFFICE USE ONLY

Funeral Director GLEN ABBEY - ROBERT VIGIL Interment Fee \$ _____
Address _____ Tel. _____

Type of Service DEL. ONLY - Day TUESDAY Date 2-11-86 Time of Service 10:30

Type of Outer Burial Container VAULT - @ CEM. Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS N.O.K. FROM OUT OF TOWN!

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Order Taken By _____ Location Checked and Verified

OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____

Recorded By _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

2' casket

Date 02-06-86

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

of Baby Harvey

in a NONE Vault/Liner Funeral, date, time Fri 2/6 10 AM

Church, Chapel, Graveside Brigsdale 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 954 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund 100.00

Opening/Closing & Setup 100.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETERY _____

Recording and filing fee CITY of SAN DIEGO, CALIF. 35.00

Sales taxes _____

Total Due 235.00

Paid receipt number 33088 235.00

Balance due 0

Called by
Narvela

PAID
FEB 7 1986
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 5711

We select

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33088

Date: 02-07, 1986

From: Anderson Roadside Address: 5050 Federal Blvd, Aca 92102
Two hundred thirty five and no/100 Dollars (\$ 235.00)
 In full Payment of James Eli Harvey, wrong

Lot 954 Grave _____ Row _____ Section 1 Division 9 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-5711
 Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
FEB 13 1986
 ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>20.00</u>
80% Sales of Lots	100 77184	<u>10.00</u>
Openings & Service Charges	100 77181	<u>100.00</u>
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	<u>25.00</u>
Sales Tax	80101 8030	
TOTAL PAID		<u>235.00</u>

E5711

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT James Eli Harvey		SEX Male	DATE OF BIRTH Feb. 4, 1986	DATE OF DEATH Feb. 4, 1986
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 Dorinda P. Harvey - Mother 3221 Webster Avenue San Diego, California 92113
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 7 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 7 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Rames, 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 2/6/86

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

of Effie M. West

in a Vault Vault/Linear Funeral, date, time Per need

Church, Chapel, Graveside Deport 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 27 Grave 6 Row _____ Section MAS Division/Block T

Grave space & Care Fund _____

Additional spaces and care fund Per need _____

Opening/Closing & Setup Deport see Bill 320.00

Burial Container _____ 175.00

Handling Fees _____ 170.00

Flower vases - Marker setting fee Var 10.00

Recording and filing fee _____ 30.00

Sales taxes _____ 10.50

Total Due _____ 720.50

Paid receipt number 33086 720.50

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 John O. West

Address 16245 Broadwood Dr.

City La Mesa 92041

State _____ Zip Code _____

Telephone 697-9207

Work Order # E 5712

PY-693 (REV. 8-80)

Invoice # _____

Acct. # _____

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33086

Date: 2/6 1986

From: John O West M.D. Address: 773 - Linn Oak Dr. Alhambra 92020

~~Seven Hundred Twenty and 50/100~~ Dollars (\$ 720⁵⁰)

In Deposit Payment of Interment fees for Effie West

See back - Paid

Lot 27 Grave 6 Row — Section MAS Division Block T

Invoice No. _____

Acct. No. _____

W.O. 5712

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

731
 AC-212 (Rev. 5-85)

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

CITY AUDITOR
 FEB 13 1986

ISSUED BY

George W. Stalter

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>320</u>	<u>00</u>
	77181		
Burial Containers	100	<u>175</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>215</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>10</u>	<u>50</u>
	8020		
TOTAL PAID		<u>720</u>	<u>50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need

Pre-need

Date 2/7/86

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

of Lois B. Brodus Brodus

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 yes - WW2

Lot 30 Grave 7 Row _____ Section 2 Division 12

Grave space & Care Fund 395.00

Additional spaces and care fund - no -

Opening/Closing & Setup - no -

Burial Container Suggest Double Crypt - no -

Handling Fees - no -

Flower vases - Market setting fee - no -

Recording and filing fee - no -

Sales taxes - no -

PAID
JAN 20 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 395.00

Payment number 33087 ✓ 100.00

Balance due 295.00

Payable to
Before 23 hrs
Will pay

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.

Lois B. Brodus
Signature
3410 Noeline Ln.
Address
S.D. CA 92114
State Zip Code
619-475-0608
Telephone

Signature of recorded holder of deed

2070 79
8090 316

Work Order # E 5713

Invoice # _____

Acct. # _____

PF-593 (REV. 9-85)

#11373

3-5-86 33174 ✓ $\frac{\$295^{00}}{35^{00}}$
 $\$260^{00}$

4-8-86 33258 ✓ $\frac{25^{00}}{\text{---}}$
 $\$235^{00}$

5-13-86 33358 ✓ $\frac{25^{00}}{\text{---}}$

6-10-86 33442 ✓ $\frac{210^{00}}{25^{00}}$
 $\frac{\text{---}}{185^{00}}$

7-15-86 33551 ✓ $\frac{25^{00}}{\text{---}}$

8-20-86 33668 ✓ $\frac{\$160^{00}}{25^{00}}$
 $\frac{\text{---}}{145^{00}}$

9-17-86 33750 ✓ $\frac{25^{00}}{\text{---}}$
 $\frac{\text{---}}{120^{00}}$

10-24-86 33866 ✓ $\frac{25^{00}}{\text{---}}$ 9/14
 $\frac{\text{---}}{95^{00}}$

11-17-86 33938 ✓ $\frac{25^{00}}{\text{---}}$

12-19-86 34028 $\frac{70^{00}}{20^{00}}$
 $\frac{\text{---}}{50^{00}}$

01-20-87 34118 $\frac{50^{00}}{\text{---}}$
 $\frac{\text{---}}{0}$

OFFICIAL RECEIPT

No 34028



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

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

Date: 12-19, 1986

From: Miss B. Backus Address: 8410 Arlene Lane, San Diego, CA 92114

Twenty and no/100 Dollars (\$ 20⁰⁰)

In part Payment of Preneed lot

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No _____

Acct. No _____

W.O. E 5713

BALANCE DUE \$ 50⁰⁰

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 05 1987

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	<u>20 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	83023	
Sales Tax	9022	
	80101	
	78360	
TOTAL PAID		<u>20 00</u>

OFFICIAL RECEIPT

No 34118



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 01-20, 1987

From: Luis B. Brodeur Address: 8410 Aveline Lane SD Ca 92114

City and no/100 Dollars (\$ 50⁰⁰)

In Full Payment of Preceded lot

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E5713

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.

ISSUED BY B. Lang
 JAN 22 1987

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	60033		
	9022		
Sales Tax	60101		
	78300		
TOTAL PAID	\$	<u>50</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. 33087

Date: 2/7/86, 19

From: James B. Proder Address: 8410 Neelie Ln, SD, 92114

In One Hundred Dollars (\$ 100.00)

Payment of Part Paid for grave for Mrs & Mrs B. Proder

Lot 30 Grave 7 Row — Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5713

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
FEB 13 1986
 ISSUED BY Loeyu [Signature]

CREDIT	57007	
20% Sales Tax	77184	20.00
80% Sales of Lots	100	80.00
77184		
Opening & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
8020		
TOTAL PAID		100.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33174

Date: 03-17, 1986

From: Miss E. Brodie Address: 2410 Halinet Lane # 92114

Twenty five and no/100 Dollars (\$ 25.00)

In act Payment of Pre-need lot

Lot 30 Grave 7 Row 1 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5713

Unpaid Balance after this Payment \$26.00

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
MAR 12 1986
 ISSUED BY B. Rang

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>25</u>	<u>10</u>
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>25.00</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 33258

Date: 04-8, 1986

From: Frank E. Brodeur Address: 8410 Madeline Lane # 4-114

Twenty five and no/100 Dollars (\$ 25.00)

In part Payment of Preneed lot

Lot 30 Grave 7 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5713

Unpaid Balance after this Payment \$235.00

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
 1986
 APR 10 1986
D. J. [Signature]

ISSUED BY _____

CREDIT	67007		
30% Sales Care	77184		
80% Sales of Lots	100	<u>25</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		
	8030		
TOTAL PAID		<u>25</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 33358

Date: 05-13, 1976

From: Mrs B. Probus Address: 8410 Madeline Ave. SD Ca 92114

In Twenty five and no/100 Dollars (\$ 25.00)

Payment of part of unpaid acct

Lot 30 Grave 7 Row 7 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5713

Unpaid Balance after this Payment \$210.00

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

DEPT. AUDITOR
MAY 15 1986

ISSUED BY B. Long

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>25.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Barrel Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>\$ 25.00</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 33442

Date: 6-10, 1986

From: Francis Brodus Address: 8410 Hollister Lane # 9-114

Twenty five and no/100 Dollars (\$ 25.00)

In part Payment of fringed lot

Lot 30 Grave 7 Row _____ Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5713
 Unpaid Balance after this Payment \$185.00

Pre-Need At Need On Acct
 Ck Cash

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

AUDITOR
 JUN 12 1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</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>\$ 25.00</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 33551

Date: 07-15, 19 46

From: Louis B. Brodeur Address: 8410 Holliston Ave. # 92114
Adventy line and no 100 Dollars (\$ 25.00)
 In att Payment of Principle amt

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5713
 Unpaid Balance after this Payment \$160.00

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

CITY AUDITOR
 JUL 17 1946

Pre-Need At Need On Acct
 Ck Cash

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Tax	77184	<u>25.00</u>
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 9020	
TOTAL PAID		<u>\$ 25.00</u>

OFFICIAL RECEIPT



WRITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33668

Date: 18-20, 1986

From: Leif E. Brokus Address: 8410 Hedden Street, La Jolla
Twenty five and no/100 Dollars (\$ 25.00)
 in cash Payment of Prepaid lot

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.D. F-5713
 Unpaid Balance after this Payment \$145.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY, ALDI
 1986 AUG 26 1986
 ISSUED BY B. Jones

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
77184			
Openings & Service Charges	100		
77181			
Final Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	80101		
8020			
TOTAL PAID		<u>25</u>	<u>00</u>

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
 264-3181

No. 33750

Date: 09-17, 1986

From: Luis B. Broder Address: 8410 Madeline Ave, San Diego, CA 92114

Twenty five and no/100 Dollars (\$ 25)

In part Payment of Prepaid lot

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5713

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

SEP 22 1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Tax	77184	<u>25.00</u>
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>25.00</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 33866

Date: 10-24, 1986

From: Frank B. Brodus Address: 8410 Madeline Lane, La Jolla, CA 92037
10000 - Pine and no 100 Dollars (\$ 25.00)
 In part Payment of Preneed lot

Lot 30 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. FF713
 Unpaid Balance after this Payment \$95.00

Pre-Need At Need On Acct
 Ck Cash

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

CITY AUDITOR

OCT 29 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Tax	77184	<u>25</u>	<u>00</u>
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>25.00</u>

OFFICIAL RECEIPT

No 33938



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

-92114-
 Date: 11-17, 1986

From: Louis B. Radus Address: 8410 Holliston Lane, La Jolla
Twenty five and no/100 Dollars (\$ 25.00)
 In part Payment of preneed lot

Lot 30 Grave 7 Row _____ Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5713
 BALANCE DUE \$70.00

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

ISSUED BY B. Tang

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-7-86

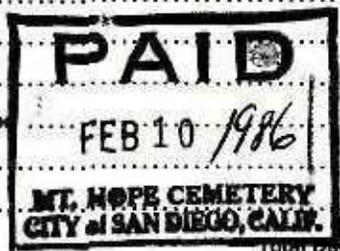
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sarah Arnold
 in a Bell Funeral, date, time Mon 7/10 11 AM
 Church, Chapel, Graveside Graveside Mortuary Merkeley

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 92 Grave 12 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	<u>35.00</u>
Recording and filing fee	
Sales taxes	<u>6.00</u>
	<u>856.00</u>
	<u>856.00</u>
	<u>0.00</u>



Walking

Paid receipt number 33092 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 5714
 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 33092

Date: 12-10, 1986

From: Markle Mitchell Address: 3655 Faith Ave. La Jolla Ca 92033
Eight thousand five hundred dollars (\$ 8,500.00)
 In Cash Payment of Gravestone Service

Lot 92 Grave 1250 Row _____ Section 2 Division Block 14

Invoice No. _____
 Acct. No. _____
 W.O. E-5710
 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 13 1986

ISSUED BY E. [Signature]

CREDIT	87007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	210	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	140	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	80101 8020	36	00
TOTAL PAID		856	00

E5714

PERMIT FOR DISPOSITION OF HUMAN REMAINS

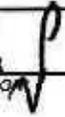
1906

NAME OF DECEDENT Sarah Esther Arnold		SEX Female	DATE OF BIRTH 11-27-1896	DATE OF DEATH Feb. 7, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Edwin Arnold, Son 2624 E. 14th St. National City, CA 92050	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Harkley-Mitchell Mortuary		CALIFORNIA LICENSE NUMBER F-119		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER 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 \$3.00	DATE PERMIT ISSUED FEB 07 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 10 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-10-86

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

of George C. Bartlett
in a Bell Funeral, date, time Wed 2/12 11AM
Church, Chapel, Grave site no granite 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 WW 2 - army

Lot 19 Grave 6 Row 6 Section 9 Division/Block 7

Grave space & Care Fund A-2454 Prepaid

Additional spaces and care fund

Opening/Closing & Setup

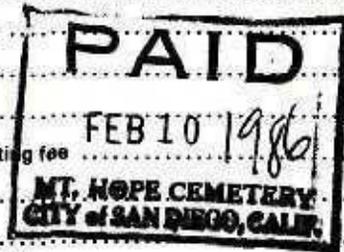
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



35.00

Put flower on sp. 21-22-23-24 also

Total Due 35.00

Paid receipt number 33091 25.00

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

x Marion Bartlett
Signature
x 693 Alpine View Way
Address
x Alpine Ca 92001
State
x 445-8540 Zip Code
Telephone

Work Order # E 5715
PY-583 (REV. 9-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33091

Date: 2/10/86, 19

From: Margie Bartlett Address: 693 alpine view - alpine ca 92001

In full Payment of Recording fee - Margie C Bartlett - 1st time Dollars (\$ 35⁰⁰)

Lot --- Grave 19 Row 6 Section 9 Division 7

Invoice No. ---
 Acct. No. ---
 W.O. E 5715
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 13 1986
 ISSUED BY Margie Bartlett

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	35 00
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		35 00

Pre-Need At Need On Acct
 Ck Cash

E5715

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT George Cecil Bartlett		SEX Male	DATE OF BIRTH June 10, 1907	DATE OF DEATH Feb. 6, 1986
PLACE OF DEATH—CITY OR TOWN Alpine	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Marion Bartlett-Wife 693 Alpine View Way Alpine, California 92001	
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

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 Monte Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 12 1986	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 02-10-86

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

of Morton Pritchard

in a Bell hearse Funeral, date, time Fri 2/14 10:30A

Church Chapel Graveside Chapel + S.S. Pac 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 WW2 - army

Lot 75 Grave 2 Row — Section 2 Division/Block 7

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

33.109 606.00

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.

Janice L. Ferris
Signature
2817 FALUY AVE.
Address
CA. 92111
State Zip Code
571-1651
Telephone

Signature of recorded holder of deed

Work Order # E 5716

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 33109

Date: 2/14/86, 19

From Mission Bay Chapel Address: 4710 Cass St - S.D. 92109
Six hundred six and no/100 Dollars (\$ 606⁰⁰)
 In full Payment of Interment of Foye Norton Pritchard - dec

Lot 75 Grave 2 Row 1 Section 2 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-5716
 Unpaid Balance after this Payment 0

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

CITY AUDITOR
86
FEB 18 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Loss	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>180 00</u>
	77183	
Sales Tax	80101	<u>6 00</u>
	9030	
TOTAL PAID	0	<u>606 00</u>

Pre-Need At Need On Acct
 Ck Cash
54655
 AC-212 (Rev. 8-85)

E5716

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT FOYE MORTON PRITCHARD		SEX MALE	DATE OF BIRTH NOV. 19, 1924	DATE OF DEATH FEB. 8, 1986
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 SELF PRE-NEED	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PACIFIC BEACH MORTUARY		CALIFORNIA LICENSE NUMBER 815		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 11 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Rowe, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		FEB 14 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Froyen 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 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

Varela

Date 2/10/86

Xdeep

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

of Francisca Varela 2/17/86 9:30

in a NONE Vault/Liner Funeral, date, time 2:00 PM - 2 PM

Church, Chapel, Graveside Drop off; 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 92 Grave 3 Row _____ Section 4 Division/Block 7

Grave space & Care Fund (Indigent Contract) 55

Additional spaces and care fund County

Opening/Closing & Setup 90

Burial Container Case # 12473

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number _____

Balance due _____

Top

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 # 040628

Acct. # 000952

Work Order # E 5717

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33336

Date: 05-18, 19 16

From: County of SD Address: 5211-A Redwood Rd
One hundred thirty six thousand two hundred Dollars (\$ 145.00)
 in will Payment of 4th quarter valuation service
Case # 12473

Lot 92 Grave 3 Row _____ Section 4 Division Block 7

Invoice No. 041628
 Acct. No. 00952
 W.O. E-5717
 Unpaid Balance after this Payment 0

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

1986

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	80101	
	8020	
TOTAL PAID	0	<u>145.00</u>

Pre-Need At Need On Acct
 Ck Cash

E5717

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Francisco Varela		SEX Male	DATE OF BIRTH Dec. 29, 1913	DATE OF DEATH Jan. 22, 1986
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 San Diego Public Administrator 5201-A Ruffin Road San Diego, CA. 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Cypress View/Bonham Brothers		CALIFORNIA LICENSE NUMBER 670		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 11 1986 FEB 12 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Seoyun Park

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

040628 03/05/06 060452

COUNTY OF SAN DIEGO
100 072
100 072

W. Lopez

77182 000075
77184 000075

04/05/06 CK 009367

145.00
90.00
55.00

145.00 PAID IN FULL 0.00

E5717

E-5717

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego.

Date 02-11-86

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

of Cora M. Mayfield
in a Bell Liner Vault/Liner Funeral, date, time Thurs 2/13 11AM
Church, Chapel, Graveside Pris 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 351 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	PAID	<u>Prepaid</u>
Additional spaces and care fund	FEB 13 1986	<u>320.00</u>
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>100.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<u>145.00</u>
Handling Fees		<u>35.00</u>
Flower vases - Marker setting fee		<u>6.00</u>
Recording and filing fee		<u>606.00</u>
Sales taxes		<u>606.00</u>
Total Due		<u>606.00</u>
Paid receipt number	<u>33106</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 _____

Freida Pryor
Signature 3314 Shilongate
Address Cottonwood, Ca 96022
City 916-347-4584 Zip Code
Telephone

Work Order # E 5718
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 GEMETERY
 264-3151

No 33106

Date: Jan 13, 1986

From: Arleta Meyer Address: 3314 Linnwood, San Marcos 941
Six hundred 24 and no/100 +

In full Payment of Chia M. Meyer's grave Dollars (\$ 666.⁰⁰)

Lot 351 Grave 101 Row 1 Section 10 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5718

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
 FEB 18 1986

ISSUED BY B. Yang

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Loss	100		
	77184		
Openings & Service Charges	100	<u>350</u>	<u>00</u>
	77181		
Funeral Containers	100	<u>100</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>190</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>6</u>	<u>00</u>
	8050		
TOTAL PAID		<u>666</u>	<u>00</u>

55718

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT CORA MAE MAYFIELD		SEX Female	DATE OF BIRTH Apr. 10, 1897	DATE OF DEATH Feb. 8, 1986
PLACE OF DEATH—CITY OR TOWN Cottonwood	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Shasta		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Frieda Pryor - Daughter 3314 Greengate Cottonwood, CA 96022	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McDonald's Chapel, Anderson, California		CALIFORNIA LICENSE NUMBER 864		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED 2-10-86
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 13 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MELVIN L. GUMM, R.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION BY Jean Lewis DEPUT

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

Funeral Services - for Date 02-11-86

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

of W. P. Clayton & Royal L. Clayton

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 161 Grave 163 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$320 640⁰⁰

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

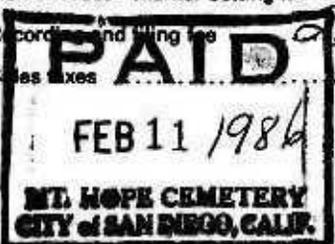
Records and filing fee 2 @ \$35 70⁰⁰

Sales taxes _____

Total Due 710⁰⁰

Paid receipt number 33095 710⁰⁰

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 William Paul Clayton
Address 3162 "L" St.
City SD Ca Zip Code 92102
Telephone _____

Work Order # E 5719

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 33095

Date: 02-11, 1986

From: William W. Dayton Address: 2402 2nd St. La Jolla 92037

Special Burial ten and No 1100 Dollars (\$ 711.00)

In full Payment of 2-Opening - Closing, in recording
fee - see W.P. Dayton & son, W. Dayton (Wagon)

Lot Kol + No 3 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5719

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
 FEB 13 1986

ISSUED BY B. J. [Signature]

<u>63033-9032</u>		<u>710</u>	<u>00</u>
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>711</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-11-86

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

of Ralph Rogers Thomas

in a Asst Funeral, date, time Wed 2/12 1:30

~~Church, Chapel~~, Graveside Balboa 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 166 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

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 _____

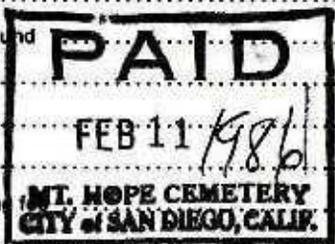
Recording and filing fee 35.00

Sales taxes 2.40

Total Due 242.40

Paid receipt number 33096 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.

Ralph B. Thomas
Signature of recorded holder of deed

Ralph B. Thomas
Signature
5017 Penny Ave #4
Address
46 Hollywood CA 91602
City
818-769-3651
Telephone

Work Order # E 5720
PY-883 (REV. 8-88)

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 33096

Date: 09-11, 1976

From: Princess Norma Address: 4155 31st St - 4

quadrant east, two unit 4110 - Dollars (\$) 24.40

In full Payment of Princess Norma

Lot 106 Grave 5-10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5120

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-65)

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

CITY AUDITOR
 FEB 13 1986

ISSUED BY B. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	115.00
	77181	
Burial Containers	100	41.00
	77182	
Recording fees or misc. service fees	100	95.00
	77183	
Sales Tax	80101	2.40
	8020	
TOTAL PAID		242.40

E5720

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT RALPH ROGES THOMAS, Jr.		SEX Male	DATE OF BIRTH Apr. 14, 1956	DATE OF DEATH Feb. 5, 1986
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 Julie A. James, Guardian of the Minor Child	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BALBOA CREMATION SERVICES		CALIFORNIA LICENSE NUMBER 1370	1191 Wren Street San Diego, CA 92114	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION <i>B-874</i>	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc.; El Cajon, CA	DATE CREMATED 2/10/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

ACKNOWLEDGMENT OF APPLICANT	<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 [Signature]
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 \$3.00	DATE PERMIT ISSUED FEB 10 1986	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 FEB 12 1986 (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

Coffin

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AKA

Robert D. Lee Loflin Date 02-11-86

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

of Robert Lee Sandy, Jr &

in a Ash Vault/Case Funeral, date, time Upon Delivery

Church, Chapel, Graveside (2-19-86); Nextone 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 3 Row _____ Section MAS Division/Block T

Grave space & Care Fund Prepaid

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

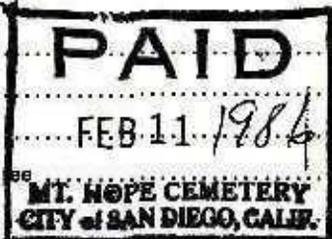
Recording and filing fee 2.40

Sales taxes 24.20

Total Due 242.40

Paid receipt number 33097 242.40

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 of recorded holder of deed

Ruth Morrison
Signature
8481 Vista del Mar
Address
San Diego Ca 92140
City
443-6394
Phone
443-1953
Telephone

Work Order # E 5721

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 33097

Date: 02-11, 1986

From: Ruth M. Merson Address: 1245 5th St, San Diego, CA 92101

was paid for party two and 4/10/86 Dollars (\$ 42.46)

In full Payment of property tax only of service

Lot 21 Grave 21 Row 1 Section 1145 Division Block T

Invoice No. _____

Acct. No. _____

W.O. 5721

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 13 1986

ISSUED BY _____

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	115	00
	77181		
Burial Containers	100	40	00
	77182		
Recording fees or misc. service fees	100	95	00
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID		\$	42.46

25721

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Robert Dudley Loflin aka Robert Lee Sandy, Jr		SEX Male	DATE OF BIRTH Aug 2, 1915	DATE OF DEATH Sept. 10, 1985
PLACE OF DEATH—CITY OR TOWN Los Angeles	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Barbara Solis-daughter 1524 Gustavo St El Cajon, Ca 92021	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) NEPTUNE SOCIETY		CALIFORNIA LICENSE NUMBER F-1352		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY n/a
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc El Cajon, Ca	DATE CREMATED 10/13/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt Hope Cemetery San Diego, Ca		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED 10-11-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 19 1986 (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 02-11-86

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

of Mickey Macklin

in a TS Vault Funeral, date, time Sat. 2/15 11 AM

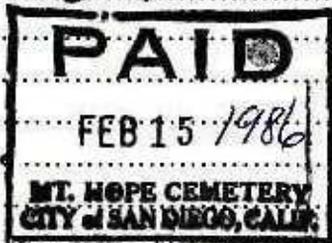
Church, Chapel, Graveside _____; Hems - Mortuary
- EL CENTRO -

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 771 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund	.....	495 ⁰⁰
Additional spaces and care fund	<u>O.T</u>	380 ⁰⁰
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		1585.50



Hems Mortuary
PO Box 356
EL CENTRO, CA 92244

Paid receipt number 33111 1585.50

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.

BILL MACKLIN

Signature _____

Address _____

State _____ Exp Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5722

PY-583 (REV. 8-85)

619-352-5661

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33111

Date: 02-15, 1986

From: Herm. Bro. Martinez Address: 1975 So. 4th St El Centro CA 92541

Fifteen hundred eighty five and 50/100 Dollars (\$ 1585.50)

In full Payment of Mt Hope marker moved

Lot 771 Grave _____ Row _____ Section E Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-5722

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

FEB 21 1986

ISSUED BY B. Wang

CREDIT	67007		
20% Sales Care	77184	99	00
90% Sales of Lots	100 77184	396	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	575	00
Sales Tax	80101 8020	11	50
TOTAL PAID		1585	50

E5722

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT HICKEY MACKLIN		SEX Male	DATE OF BIRTH 6-19-1927	DATE OF DEATH 2-10-1986
PLACE OF DEATH—CITY OR TOWN Fayetteville		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Arkansas		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Bill Macklin Son 1401 S. LaBrucherie # 4 El Centro, California 92243
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hems Brothers Mortuary		CALIFORNIA LICENSE NUMBER 1025		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED 2-11-1986	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 FEB 15 1986 (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 2/12/86

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

of Zella C. Smith

in a Bellheiser Funeral, date, time 2/18 Tues - 2 P.M.

Church, Chapel, Graveside Chapel & 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 19 Grave 7 Row - Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁰⁰</u>
<u>Payment Taxes</u>	<u>856⁰⁰</u>
Total Due	<u>856⁰⁰</u>

PAID
FEB 19 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number 33116 Balance due 0

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.

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

Signature of recorded holder of deed _____

* Ernest B. Hairston
Signature
* 6005 Sunset St
* San Cal 92114
* 264-9448
Telephone Zip Code

Work Order # E 5723
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
 284-3151

No 33116

Date: 02-18, 1986

From: Carol Hamilton Address: 6005 Court St San Diego 92114

eight hundred forty six and no/100 Dollars (\$ 856.00)

In full Payment of Yella C Smith services

Lot 19 Grave 7 Row _____ Section 2 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-5723
 Unpaid Balance after this Payment _____

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

1986

ISSUED BY B. Tang

CREDIT	67007	
20% Sales Care	77184	50.00
80% Sales of Lots	100	200.00
	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	60.00
	8020	
TOTAL PAID		\$ 856.00

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

55723

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ZELLA SMITH		SEX Female	DATE OF BIRTH Nov. 10, 1896	DATE OF DEATH Feb. 11, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ethel L. Hairston - Niece 6005 Egret Street San Diego, California 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 14 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Raymond M. Damm</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		FEB 18 1986 (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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/12/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvin C. Denny Sr. 12:00 in a Cash Vault - Concrete Funeral, date, time 2/18 - TUES Church, Chapel, Graveside Delmar - Am; 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 53 Grave 3 Row _____ Section 1 Division/Block 7

Grave space & Care Fund Pre-need used - Burial

Additional spaces and care fund

Opening/Closing & Setup 105⁰⁰

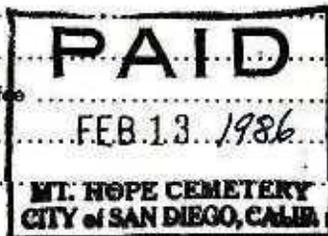
Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 240



242.40

Paid receipt number 33101

242.40

Balance due 0

*Family he
in Fair -
In Denny's grave
Head Head left
Between 533 + 532*

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.

X Alvin M. Denny
Signature
X Alvin M. Denny
Address
X 3079 L Street
City
X 236 9547
Telephone

Signatures of recorded holder of deed

Work Order # E 5724

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 33101

Date: 2/13/86, 19

From: Ethel Denny Address: 3079 L St. SD 92102

In Two Hundred forty two and 40/100 Dollars (\$ 242⁴⁰/₁₀₀)

in full Payment of Interment of Alvin C. Denny Sr. ⓧ

Lot 53 Grave 3 Row — Section 1 Division 7

Invoice No. —
 Acct. No. —
 W.O. E-5724
 Unpaid Balance after this Payment 0

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

CITY AUDITOR
FEB 18 1986

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	125 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

Pre-Need At Need On Acct
 Ck Cash
3237-
 AC-212 (Rev. 8-85)

10th change

85724

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ALVIN CHENAULT DENNY		SEX MALE	DATE OF BIRTH June 19, 1906	DATE OF DEATH Feb. 12, 1986
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 Ethel Denny - Wife 3079 "L" Street San Diego, California 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc.: El Cajon, California	DATE CREMATED 2/17/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, Calif.		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature] DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 14 1986 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 FEB 18 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/12/86

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

of Thelma Marie
in a Double Crypt Vault/Liner Funeral, date, time 2/18 - Tues - 11 Am
Church, Chapel, Graveside Chapel 4 St. 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 _____

Lot 741 Grave - Row - Section 10 Division/Block 7

Make map card

Grave space & Care Fund 495.00

Additional spaces and care fund (2 sp. 742 - Held 30 day)

Opening/Closing & Setup 320.00

Burial Container Double Crypt 330.00

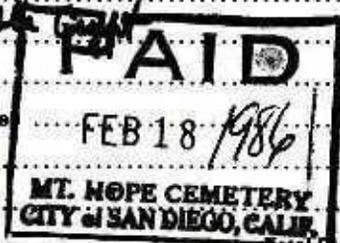
Handling Fees 320.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 19.80

Sales taxes 1519.80

Phone records



Paid receipt number 33114 1519.80

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 5725

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 33114

Date: 02-18, 1986

From: Anderson Ragsdale Address: 5050 Federal Road, La Cañada
Forteen hundred nineteen and 400

dollars Dollars (\$ 1519⁰⁰)

In full Payment of Marriage Service

Lot 741 Grave _____ Row _____ Section 10 Division Block 7

Invoice No. _____

Acct. No. _____

W.D. E-5725

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

FEB 21 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Tax	77184	99	00
80% Sales of Less	100 77184	396	00
Openings & Service Charges	100 77181	320	00
Funeral Containers	100 77182	350	00
Recording fees or misc. service fees	100 77183	355	00
Sales Tax	60101 8020	19	80
TOTAL PAID		519	80

E5725

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Thaddeus James Morris		SEX Male	DATE OF BIRTH Jan. 4, 1904	DATE OF DEATH Feb. 10, 1986
PLACE OF DEATH—CITY OR TOWN Fresno		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Fresno		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mrs. Ruby Lynn - Wife 457 So. Teilman Fresno, Cal., 93706
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sterling Funeral Home, Inc.		CALIFORNIA LICENSE NUMBER 000871		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, Ca.		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.000	DATE PERMIT ISSUED 2-11-86	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donn R. Cobb, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 18 1986 (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

Preneed Burial Services for:

Date 02-13-86

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

of Lucille Marie Campbell

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 1588 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup \$320 - paid towards \$300.00

Burial Container o/c _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 300.00

Paid receipt number 33104 300.00

Balance due 00

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

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

Signature of recorded holder of deed

Signature

Address

State _____ Zip Code _____

Telephone

Work Order # E 5726

PT-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 33104

Date: 02-12, 1986

From: June E. Bishop Address: 5690 Yorkshire Rd. #1041

Three hundred and 00/100 Dollars (\$ 300.00)

In full Payment of Mount Hope Cemetery Expenses (Quarterly)
Carrollville Road (Campbell - Mt. Hope)

Lot 1588 Grave _____ Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-5726

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	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>300.00</u>
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>300.00</u>

E5726

5690 YORKSHIRE
LA MESA, CALIF. 92041
FEBRUARY 11, 1986

MT. HOPE CEMETARY
3751 MARKET STREET,
SAN DIEGO, CALIFORNIA. 92102

ATTN: BARBARA.

TO WHOM IT MAY CONCERN:

I AM ENCLOSING A CHECK IN THE AMOUNT OF \$300.00
WHICH IS TO BE PUT IN TRUST TOWARDS THE FUNERAL
EXPENSES OF LUCILLE MARIE CAMPBELL ON LOT #1588,
SECTION 1, DIV. 8, WHEN THE NEED ARISES.

I WOULD APPRECIATE YOUR FORWARDING A RECEIPT FOR
THIS MONEY AT YOUR EARLIEST CONVENIENCE, AS I NEED
THE RECEIPT TO PROCESS SOME STATE OF CALIFORNIA
PAPERS.

THANK YOU FOR YOUR CONSIDERATION.

YOURS TRULY,

Mrs June Bishop
MRS. JUNE BISHOP
DAUGHTER

E 5726



from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

2/13/1986

June E. Bishop
5690 Yorkshire
La Mesa, CA 92041

Dear Mrs. Bishop:

Attached is your receipt for \$300.00 towards funeral expenses for Lucille M Campbell at Mt. Hope Cemetery.

Currently, opening and closing fees are \$320.00. The \$300.00 has been deposited towards the opening and closing fees. These fee are not guaranteed against a rate increase.

If I can be of any further assistance, please let me know.

Sincerely,

Barbara Lang
Administrative Aide II

Enclosure

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Preneed lots for

Date 2-13-86

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

of Elia C. Morquecho

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 _____

✓ 118 Lot ~~15~~ Grave ~~779~~ ⁴⁸⁵ Row _____ Section 2 Division/Block 11

Grave space & Care Fund 2 @ \$250 500.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

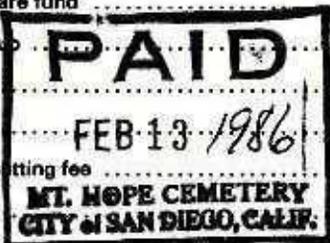
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



Total Due 500.00

Paid receipt number 33105 500.00

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 _____

Elia C. Morquecho
Signature 7270 Macquarie St
Address La Mesa Ca 92041
State Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5727

PY-583 (REV. 8-86)

#11245, #11246

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33105

Date: 12-13, 1986

From: Colin Morano Address: 7270 W. Maricopa St. #100
San Diego, CA 92114 Dollars (\$ 500.00)

In full Payment of (2) months late

Lot 111 Grave 445 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5727
 Unpaid Balance after this Payment _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 18 1986
 ISSUED BY B. J. King

CREDIT	67007		
20% Sales Tax	77184	<u>100.00</u>	<u>00</u>
80% Sales of Lots	100	<u>400.00</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		
8020			
TOTAL PAID		<u>500.00</u>	<u>00</u>

Pre-Need At Need On Acct
 Ck Cash

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/14/86

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

of Belinda Lewis

in a Double Crypt Vault/Type Funeral, date, time Wed - 2/19 - 11AM

Church, Chapel, Graveside Church & S. ; Fogdale 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 132 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund None _____

Opening/Closing & Setup 320.00

Burial Container Double Crypt 330.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 19.80

Total Due 1274.80

Paid receipt number 33107 637.40

Balance due 637.40

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 _____

Rev. Sherman Lewis
Signature
1670 MEL ROSE AV
Address
#2 CHULA VISTA
State CA Zip Code 92011
Telephone 691-8348

Invoice # 040944

Acct. # 016440

Work Order # E 5728
PY-583 (REV. 8-85)

NOTE-STRAIGHT\$ 637⁴⁰

San Diego, California

2-14-86, 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 92102the sum of Six hundred thirty seven and ⁴⁰/₁₀₀ DOLLARS.with interest from 3-15-86 on the unpaid principal at the rate of12 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.

* Rev Sherman LewisMAKE 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
 284-3151

No. 33107

Date: 2/14/86, 19

From Sherman Lewis Address: 1670 Melrose Ave apt 22 - CV 92011

See headed Thirtyseven and 40/100 Dollars (\$ 637⁴⁰/₂)

In 1/2 Payment of Interment fees for Belinda Lewis - see Top for Sherman & Lewis other order

Lot 132 Grave 128 Row — Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5728

Unpaid Balance after this Payment 637⁴⁰/₂

Pre-Need At Need On Acct

Ck Cash

#1819 for 550

AC-212 (Rev. 8-85)

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

AUDITOR
 FEB 18 1986

ISSUED BY Raymond Stetter

CREDIT	57007		
20% Sales Tax	77184		50 00
80% Sales of Lots	100	77184	200 00
Openings & Service Charges	100	77181	320 00
Burial Containers	100	77182	67 40
Recording fees or misc. service fees	100	77183	
Sales Tax	80131	8020	
TOTAL PAID			637 40

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No. 33200

Date: 3/19, 1986

From: Sheeman A. Lewis Address: 1670 Marlborough Ct - 92011

In full Payment of Interment fees on Belinda Lewis
~~See hundred thirty seven and 40/100~~ Dollars (\$ 637.40)

Lot 132 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. 040944-

Acct. No. _____

W.O. E-5728

Unpaid Balance after this Payment 0

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

1986

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	
	8030	
TOTAL PAID		637.40

Mission Federal

Pre-Need At Need On Acct
 Ck Cash
35-021494
 AC-212 (Rev. 8-85)

E5728

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BELINDA ODAVINE LEVIS	SEX Female	DATE OF BIRTH July 2, 1937	DATE OF DEATH Feb. 11, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sherman Lewis - Husband 1670 Melrose Ave. Apt. 22 Chula Vista, CA 92011	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary	CALIFORNIA LICENSE NUMBER 1329		

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 Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	<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 [Signature]
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	AMOUNT OF FEE PAID \$3.00
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 FEB 14 1986
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
	(ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

E5728

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/24/86

DATE: 03/24/
TIME: 214134
PAGE: 9

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/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040944	03/12/86	016440	SHERMAN LEWIS				03/19/86	CK	35-021494	637.40	637.40	0.00
			100 072		77182	000072				262.60		
			100 072		77183	000072				355.00		
			60101		9020					19.80		

E-5728

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 637.40

PAID IN FULL

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-14-86

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

of Bill Stroman
 in a Bell Funeral, date, time Wed 2/19 2 PM
 Church, Chapel, ~~Crematorium~~ 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 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	PAID	250.00
Additional spaces and care fund		
Opening/Closing & Setup	MAR 19 1986	320.00
Burial Container	MT. HOPE CEMETERY	100.00
Handling Fees	CITY OF SAN DIEGO, CALIF.	145.00
Flower vases - Marker setting fee	<i>Chick</i>	
Recording and filing fee		35.00
Sales taxes		6.00
<u>We select</u> <u>3/4/86</u>	Total Due	856.00
<u>per Pamela</u>	paid receipt number <u>33173</u>	856.00
	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 _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 5729**

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 33173

Date: 03-07, 1986

From: Anderson, Rappole Address: 5050 Filbert Apt 10492116

Eight hundred sixty six and no/100 Dollars (\$ 856⁰⁰)

In full Payment of William Thomas Service

Lot 45 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5729

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
MAR 12 1986

ISSUED BY B. Rang

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>300</u>	<u>00</u>
Burial Containers	100 77182	<u>100</u>	<u>00</u>
Recording fee or misc. service fees	100 77183	<u>180</u>	<u>00</u>
Sales Tax	80101 8020	<u>6</u>	<u>00</u>
TOTAL PAID		<u>856</u>	<u>00</u>

E5729

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT William Bill Stroman		SEX Male	DATE OF BIRTH March 20, 1900	DATE OF DEATH Feb. 11, 1986
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 Callie Stroman - Wife 531 Olivewood Terrace San Diego, CA 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 14 1986	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 FEB 19 1986 (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 2-14-86

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

of Amelia Stogsdell
in a Topical Vault Vault/Line Funeral, date, time Wed 2/19 10 AM
Church, Chapel, Graveside Graveside only; Jewish 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 880 Grave - Row - Section - Division/Block 10

Grave space & Care Fund	<u>Prenord</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>35.00</u>
Sales taxes	<u>10.50</u>
Total Due	<u>710.50</u>

Possible estate

Paid receipt number _____
Balance due _____

I hereby certify I am the stepson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 B. Andrade
Signature
430 Bruce Lynn Ave
Address
Carroll, Calif 93033
City
805-486-0739
Telephone Zip Code

Work Order # E 5730

Invoice # 040946
Acct. # 016441

E5730

PERMIT F DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT AMELIA R. STOGSDILL		SEX female	DATE OF BIRTH April 6, 1899	DATE OF DEATH February 13, 1986
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 Josephine Starling - sister 44 E. 4th St. Escondido, CA 92028	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/REDBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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"/> 6. 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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 19 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arthur L. ... M.D.C.O.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 19 1986 (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 2/14/86

Pre-need
Source: Trust

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

of Wallie A Wright, Sr.

at Top Vault Funeral, date, time Pre-need

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

Let 11 Grave 11 Row _____ Section 17 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container T & Vault 175.00

Handling Fees 170.00

Flowers, vases, Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 10.50

Prepaid amount s _____ 710.50

Receipt number 33110 500.00

Balance due 210.50

I hereby certify I am the myself 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.

Maybe before Wife - Rosie
I hereby authorize the interment in lot I hold under deed.

x Wallie A. Wright
Signature 3784 Boston Ave.
Address San Diego
State Calif. Zip Code 92113
Telephone 264-0678

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # E 5731
FY-583 (REV. 8-85)



forth on this order form.

33186 3/11/86

210.50
60.00
150.50

33296 4/17/86

50 —
100.50

33425 6-5-86

100.50
100.50
0

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33425

Date: 06-05, 1986

From: Wallie A. Wright Address: 3784 Boston Ave. Sp. 92113

One hundred and 50/100 Dollars (\$ 100.50)

In full Payment of Preneed Trust deposit

Lot 2 Grave 11 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-5731
 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 1986
 JUN 09 1986
 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	80101	8020
TOTAL PAID		<u>100.50</u>

020876

63433-9022

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33110

Date: 2/14, 1986

From: Wallie A Wright, Sr Address: 3784 Boston Ave - S.D. 92113

Steve Hendel & my 100 Dollars (\$ 500⁰⁰)

In Part Payment of Deposit to trust for future need for Wallie or Rosee Wright Sr.

Lot 2 Grave 11 Row - Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5731

Unpaid Balance after this Payment 210⁵⁰

Pre-Need At Need On Acct

Ck Cash 500

AC-212 (Rev. 8-88)

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

CITY AUDITOR

FEB 21 1986

[Signature]
 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>63033-9022</u>	<u>500⁰⁰</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 33186

Date: 03-11, 1986

From: Wallis A. Knight Address: 3744 Boston Ave, San Diego, Ca 92111

5000 Dollars (\$ 600.00)

In part Payment of Princed Trust Services

Lot 2 Grave 11 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5731

Unpaid Balance after this Payment \$150.50

Pre-Need At Need On Acct
 Ck Cash

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

CITY AUDITOR
MAR 12 1986

ISSUED BY B. Long

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	
	9020	
TOTAL PAID		<u>600.00</u>
	<u>63033-9022</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 33296

Date: 4-17, 1986

From: Wallace A. Wright Address: 3784 Boston Ave. San Diego Ca 92111

Twenty and no/100 Dollars (\$ 50.00)

In cash Payment of Pre need trust service

Lot 2 Grave 11 Row _____ Section 17 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5731

Unpaid Balance after this Payment \$116.50

Pra-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 21 1986/1986

ISSUED BY B. D. King

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Drawings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>50.00</u>

1631-3-7617

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-14-86

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

of Louis Edward Goree Jr.

in a Bell Funeral, date, time THURS 2/20 2PM

Church, ~~Chapel, Burial~~ 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 65 Grave 5 Row _____ Section 3 Division/Block 120

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

Receipt number 33122 500.00

Balance due 501.00

30-60 day Note
W/O 2/10/87

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 _____

Brida Wiley
Address 230 S. 32nd St.
San Diego, Ca. 92113
State 234 0346 Zip Code _____
Telephone _____

Work Order # E 5732
PY-583 (REV. 8-85)

Invoice # 040950
Acct. # 0116442

NOTE-STRAIGHT

\$ 501⁰⁰ San Diego, California, 02-20, 19 86

100 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 one and no/100 DOLLARS,

with interest from April 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 Linda Wiley
230 S. 32nd St.

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

No 33122

Date: Feb 20, 1986

From: Mrs. Wiley Address: 3111 1st St # 209 San Diego

have printed and copied Dollars (\$ 500.00)

In mt Payment of yearly service

Lot 65 Grave 5 Row _____ Section E Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5732

Unpaid Balance after this Payment 500.00

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>79.00</u>
90% Sales of Lots	100 77184	<u>316.00</u>
Openings & Service Charges	100 77181	<u>105.00</u>
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID		<u>500.00</u>

E5732

Mayer Mert

281-7055

Whittier off
3/10/89

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 016442 INVOICE: 040950 INV DATE: 03 12 86

NAME: LINDA WILEY
1) 230 S. 32ND ST
3) -----

2) -----
4) -----

CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-5732 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: 501.00

DESCRIPTION OF CHARGE	AMOUNT
LOUISE E GOREE JR SERVICE	
LOT 65 GR 5 SEC 3 DIVN 12	395.00
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
LESS PAYMENT R-33122	500.00-

TOTAL DUE 501.00
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: ___
#2 _____

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E5732

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Louis Edward Goree Jr		SEX Male	DATE OF BIRTH July 4, 1966	DATE OF DEATH Feb. 14, 1986
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 Linda Wiley - Mother	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary		CALIFORNIA LICENSE NUMBER 1424	230 S. 32nd Street San Diego, CA. 92113	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 19 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 20 1986 (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.

MT, HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/18/86

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

of Frank W. Bechtel

in a burial Vault/Liner Funeral, date, time 3PM/2/18/

Church, Chapel, Graveside Dupoff; 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 _____

Lot 72 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Per Paid

Additional spaces and care fund _____

Opening/Closing & Setup Per Paid

Burial Container D-8096 Per Paid

Handling Fees none

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number 33123 3500

Balance due 0

*Via
Phone
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 [Signature]

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5733

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 33123

Date: 2/20/86, 19

From: Featherhill Mortuary Address: 6322 El Cajon Blvd S.D. - 92115

Therese ad w/100 Dollars (\$ 35⁰⁰)

In full Payment of Recording fee on Bechtel

Lot 72 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5733

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

FEB 21 1986 / 1986

ISSUED BY [Signature]

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>35⁰⁰</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>35⁰⁰</u>

55733

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT FRANK W. BECHTEL		SEX Male	DATE OF BIRTH Jan. 9, 1896	DATE OF DEATH Feb. 15, 1986
PLACE OF DEATH—CITY OR TOWN El Cajon		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Portia G. Bechtel, wife 4735 Lenore Drive San Diego, California	
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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 18 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 18 1986 (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 2/18/86

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

of Patty Ann Melton - fire dept.
 in a Ball Liner Vault/Liner Funeral, date, time Mon 2/24 10 AM
 Church, Chapel, Graveside Drop off : Clairmont 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 104 Grave 8 - Top level Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u>320⁰⁰</u>
Opening/Closing & Setup	<u>100⁰⁰</u>
Burial Container <u>Ball Liner</u>	<u>145⁰⁰</u>
Handling Fees	<u>35⁰⁰</u>
Flower vases - Marker setting fee	<u>6⁰⁰</u>
Recording and filing fee	<u>856⁰⁰</u>
Sales taxes	<u>856⁰⁰</u>
Total Due	856⁰⁰

*File Vic - Authorized for M. Conrad P.A.
 If you don't pay after 6 days
 P.A. to pay \$1450
 [Signature]*

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 5734
 PY-593 (REV. 8-85)

Invoice # 040937
 Acct. # 000952

Paty Ann Melton

2/18
2

Joe ^{Melton} at P.A. office
authorized -

Claremont - "Elmer"

Victim of Feb 6 fire

Will bill for - mortuary for
856.00 if fails after 30 days
will get 145 from P.A.

E5734

PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

NAME OF DECEDENT Patty Ann Melton		SEX female	DATE OF BIRTH 9/12/53	DATE OF DEATH 2/6/86
PLACE OF DEATH—CITY OR TOWN El Cajon	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201 -A Ruffin Rd. San Diego, Ca 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clairmont Mortuary		CALIFORNIA LICENSE NUMBER F-1126		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cem., 3751 Market St., San Diego, Ca		COUNTY San Diego,
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 21 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 24 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Donald E. Cannon, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Clairmont Mortuary

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

E5739

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE NO.	FOR COURT USE ONLY	
ATTORNEY FOR (Name):			Filed for approval:	Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			Duplicate mailed:	Deputy
STREET ADDRESS:			Presented to court for approval:	Deputy
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
ESTATE OF (NAME):				
Patty Ann Melton		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: \$ 856.00 + 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: 03/27/86

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: \$

SIGNATURE OF JUDGE COMMISSIONER

- Number of pages attached:

Signature follows last attachment

(Continued on reverse)

(OVER)

CREDITOR'S CLAIM (Probate)

ESTATE OF (NAME):

Patty Ann Melton

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
X 02/24/86	X Patty Ann Melton service Lot 104, Grave 8, Section 2, Divn 11 Opening/Closing Bell Liner Handling Fee Tax on Liner Recording Fee	X \$ 250.00 320.00 100.00 145.00 6.00 <u>35.00</u>
<p>NOTICE</p> <p>State Health and Safety Code, Division 7, Part 1, Chapter 3, Section 7109. "Costs of funeral services, together with interest thereon from 60 days prior date of death, shall be considered as part of the funeral expenses."</p> <p>Monthly interest in the amount of <u>8.56</u> will be added starting <u>5-24-86</u></p>		
X TOTAL		X \$ 856.00

CREDITOR'S CLAIM
(Probate)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

6/4/87

E5734
 No 34621

From: Peter O. Montgomery Address: 211 David Dr. Encinitas, Ca
Sight Hundred Sixty-six and no/100 Dollars (\$ 856.00)
 In Full Payment of Patty Ann Melton Services

Lot 114 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. 040937
 Acct. No. 000952
 W.O. E 5734
 BALANCE DUE 0

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

CITY AUDITOR

JUN 4 1987

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63083	
	9082	
Sales Tax	80101	
	78360	

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

ISSUED BY D. Lang

TOTAL PAID \$ 856.00

County of SD
 Invoice



from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

05/29/87

Bettie J. Montgomery
2111 David Drive
Escondido, CA 92026

Dear Mrs. Montgomery:

Thank you for your payment for Patty Ann Melton's burial services. A copy of your letter and receipt is being forwarded to Joe McCormick, County of San Diego and Treasurer's Collection, City of San Diego. If any payment is received from Joe McCormick in the meantime, it will be forwarded to you for reimbursement.

I am enclosing business cards of the marker companies. They all do good work and may be able to send some information without you having to drive down.

If I can be of any further assistance, please let me know.

Sincerely,

Barbara Lang
Barbara Lang



from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

05/29/87

County of San Diego
ATTN: Joe McCormick
5201-A Ruffin Rd.
San Diego, CA 92123

Dear Mr. McCormick:

Attached is a copy of Receipt #34621 and a letter from Mrs. Bettie J. Montgomery. She has paid the County Invoice #040937, Account 000952 for \$856.00. This covers the burial services for Patty Ann Melton.

Any monies received from the Victim's Assistance or whatever was holding payment up on this account should be paid to Mrs. Montgomery.

Thank you.

Sincerely,

Barbara Lang
Barbara Lang

ES734

E5734

No 34621

OFFICIAL RECEIPT

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



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

92026 Date: 05-29 1987

From: Betty J. Montgomery Address: 2111 David M. Scordis, Ca
Eight Hundred Fifty-six and 100/100 Dollars (\$ 856.00)
In Full Payment of Patty Ann Melton Services

Lot 104 Grave 8 Row Section 2 Division Block 11

Invoice No. 040937
Acct. No. 000952
W.O. E5734
BALANCE DUE \$

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID IN THIS OFFICE"
PAID
MAY 29 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
ISSUED BY B. Long

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/ Closing	100
Burial Containers	77181
Handling Fee	100
Recording & Misc. Fees	77183
Pre-Need Trust	100
Sales Tax	63033
	9022
	60101
	78380
TOTAL PAID	\$ 856.00

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

AC-212 (Rev. 11-86)

County of SD Invoice

May 26, 1987

Mount Hope Cemetery:
I spoke to you on the telephone this morning concerning outstanding bill for Patty Ann Melton's burial in February 1986, which was to have been paid for by the County of San Diego.

There has been so much delay in taking care of this obligation, that I feel, as Patty Ann's foster mother, I should pay this bill of \$856.00. I should you have to wait all these months for your money because of someone's inefficiency. Enclosed is check for that amount. As soon as I can get someone to drive me - my husband died in January, and I do not drive the Greengays - I will order a marker for the grave.

Call Rose re: Contact w/County = Joe McCormick
E5734
Trans act - 1502

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 040937 INV DATE: 03 12 86
NAME: COUNTY OF SAN DIEGO
1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD
3) ----- 4) -----
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: -----
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-5734 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: 856.00

DESCRIPTION OF CHARGE	AMOUNT
PATTY ANN MELTON SERVICE	
LOT 104 GR 8 SEC 2 DIVN 11	250.00
OPENING/CLOSING	320.00
CONCRETE LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00

PAID
MAY 29 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

PAID
MAY 29 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: _____ TOTAL DUE: 856.00
#2 - AMOUNT: _____ HND/OK PCT CODE: _____

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

Claremorest Mortuary Paid in full in November 1986 per Melanie

May 26, 1987

Mount Hope Cemetery:

I spoke to you on the telephone this morning concerning outstanding bill for Patty Ann Melton's burial in February 1986, which was to have been paid for by the County of San Diego.

There has been so much delay taking care of this obligation, that I feel, as Patty Ann's foster mother, I should pay this bill of \$856.00. Why should you have to wait all these months for your money because of someone's inefficiency. Enclosed is check for that amount.

As soon as I can get someone to drive me - my husband died in January, and I do not drive the freeways - I will order a marker for the grave.

Mrs. Bettie J. Montgomery

E5734

040937 03/12/86 000952

COUNTY OF SAN DIEGO
100 072
100 072
100 072
100 072
60101
67007

pt. Hope

77181 000072
77182 000072
77183 000072
77184 000072
9020
77184

07/18/86 JV JV20259

12.42
4.64
1.45
2.61
2.90
0.09
0.73

856.00

PARTIAL PAYMENT 843.58

040937 03/12/86 000952

COUNTY OF SAN DIEGO
100 072
100 072
100 072
100 072
60101
67007

pt. Hope

77181 000072
77182 000072
77183 000072
77184 000072
9020
77184

07/18/86 JV JV20259

12.42-
4.64-
1.45-
2.61-
2.90-
0.09-
0.73-

856.00

PARTIAL PAYMENT 850.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/18/86

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

of María Ascencan Palmer ^{2:30}
in a Ball Liner _{Vault/Liner} Funeral, date, time Thurs 2/20/86 2:30 PM
Church, Chapel, Graveside Christy K. Church; 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 89 Grave 12 Row - Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u>NO</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	<u>-</u>
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁰⁰</u>
Total Due	<u>856⁰⁰</u>
Paid receipt number <u>33112</u>	<u>300⁰⁰</u>
Balance due	<u>556⁰⁰</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

Kim C. Anderson
Signature
8606 Parkbrook Lane
Address
San Diego, Ca. 92114
State
470-0389 Zip Code
Telephone

Work Order # E 5735
PY-503 (REV. 8-85)

Invoice # 040954
Acct. # 016443

NOTE—STRAIGHT

\$ 552⁰⁰-

San Diego, California

2-18

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

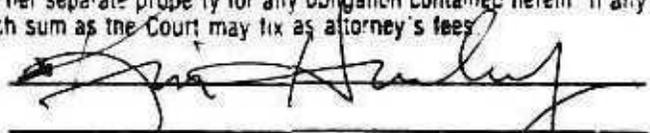
at 3751 Market St., San Diego, CA 92102

the sum of Five Hundred Fifty Five and 00/100 DOLLARS.

with interest from 3-20-86 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.



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
 284-3151

No 33112

Date: 2/18/86, 19

From: Kim C Heerley Address: 8626 Park Boulevard, #D 92114

Three Hundred and no/100 Dollars (\$ 300⁰⁰)

In Part Payment of Interment fees for Maria Palmer-dee

Lot 89 Grave 12 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5735

Unpaid Balance after this Payment \$556⁰⁰

Pre-Need At Need On Acct

Ck Cash

1373
 AC-212 (Rev. 8-85)

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

1986

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Com	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>
Serial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	80101 8020		
TOTAL PAID		<u>300</u>	<u>00</u>

E5735

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT AKA Maria Ascencao Palmer Mary Ascencao Palmer		SEX Female	DATE OF BIRTH Aug. 22, 1925	DATE OF DEATH Feb. 16, 1986
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 Kim Hurley - Daughter 8606 Parkbrook Lane San Diego, CA 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER *CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 20 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 20 1986 (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>Ray Miller</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.

040954 03/12/86 016443 KIM HURLEY

E-5735

100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
9020

04/07/86 CK 1402

300.00
145.68
53.96
97.12
3.24

556.00 PARTIAL 256.00 PAYMENT

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/28/86

DATE: 04/28/8
TIME: 205321
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
												AMOUNT APPLIED		
040954	03/12/86	016443	KIM HURLEY						04/22/86	CK	1428	256.00	556.00	0.00
				100	072		77181	000072				124.32		
				100	072		77182	000072				46.04		
				100	072		77183	000072				82.68		
				60101			9020					2.76		

E-5735

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 256.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-18-86

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

of Marcella Ostrander

in a Ask Vault/Case Funeral, date, time Upon Delivery

Church Chapel, Gravesite No services 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 221 Grave 1 Row _____ Section _____ Division/Block 4 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marked _____

Recording and filing fee _____

Sales taxes _____

PAID
FEB 18 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

105.00
40.00
60.00
35.00
2.40
242.40
242.40
0

Total Due _____

Paid receipt number 33113 242.40

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 _____

Katherine J. Casper
Signature
1614
Address
Casper, Wyo 82604
City
307-265-0114
Telephone
Zip Code

Work Order # E 5736

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

Feb 14 1986

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

Marcella Oskander in Lot 221 Gr 1 Row _____ Sec. _____
Block 5

Division 4 in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of said

authorization and interment.

Katherine B. Oskander Casa de Manana

Mother

849 Coast Blvd, La Jolla

Signature of relative or legal
representative

Address & relationship to deceased or
authority to sign authorization

Carole M. Porter

Witness

Thade D. Henke

Witness

Barbieri

Where is lot
Card for
this one?

4 - Blk

221-1-~~5-4~~5

Permit 2

Buried
w/ remains
per
Geo.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33113

Date: Oct-18, 1986

From: Katherine L. Brown Address: 1614 Cordelia Avenue No. 72604
Woodland Hills, California

In full Payment of Marcella Extruder Service Dollars (\$ 242.40)

Lot 201 Grave 1 Row _____ Section _____ Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-5736

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
 1986
 FEB 21 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	115.00
	77181	
Burial Containers	100	40.00
	77182	
Recording fees or misc. service fees	100	95.00
	77183	
Sales Tax	60101	2.40
	8020	
TOTAL PAID		\$ 242.40

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Preneed lot for

Date 02-19-86

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

Cora Lee Webb

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 1353 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup

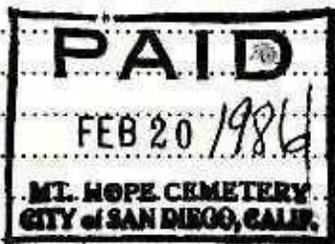
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Total Due 595⁰⁰

Paid receipt number 33124 595⁰⁰

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.

Cora Lee Webb
Signature
3146 L St.
Address
San Diego Ca
City
92102
Zip Code

Signature of recorded holder of dead _____

Telephone _____

Work Order # E 5737

Invoice # _____

PR-583 (REV. 8-85)
#11247

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 33124

Date: 02-20, 19 86

From: Carolee Webb Address: 3146 2nd St N, La Jolla

Five hundred ninety five Dollars (\$ 595.00)

In full Payment of franchise lot

Lot 1353 Grave _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5727

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
 007412
 004411
 CITY AUDITOR
 FEB 27 1986
 1986
 ISSUED BY B. Tang

CREDIT	57007	
20% Sales Care	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	60101 9020	
TOTAL PAID		595 00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/19/86

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

of Samuel E. McKinney

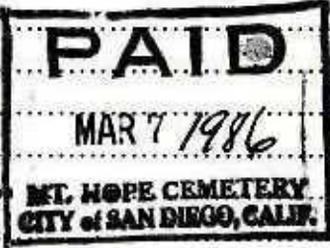
in a Bell Liner Vault/Liner Funeral, date, time Thurs 2/20/2 PM

Church, Chapel, Graveside Chapel & Rd.; Payable 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 12 Row — Section 2 Division/Block 11

Grave space & Care Fund		<u>250⁰⁰</u>
Additional spaces and care fund	<u>none</u>	<u>—</u>
Opening/Closing & Setup		<u>320⁰⁰</u>
Burial Container		<u>100⁰⁰</u>
Handling Fees		<u>145⁰⁰</u>
Flower vases - Marker setting fee		<u>35⁰⁰</u>
Recording and filing fee		<u>6⁰⁰</u>
Sales taxes		<u>856⁰⁰</u>



2/19/86 Total Due 856⁰⁰
 Paid receipt number 33120 600⁰⁰
Wife 33172 Balance due 256⁰⁰
856⁰⁰

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.

x Mathie C McKinney
 Signature
3174 CLAY AVE
 Address
CA
 State
92113 Zip Code
236-0022 Telephone

Signature of recorded holder of deed

Work Order # E 5738
 PY-583 (REV. 8-85)

Invoice # _____
 Acct. # _____

67007 - 50.00

77182

20.00

77183

180.00

60101

6.00

NOTE—STRAIGHT

\$ 256⁰⁰ San Diego, California, Feb 19, 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 Two Hundred fifty six DOLLARS.

with interest from March 20, 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.

Amita Randolph
5066 WESTOVER PL S.D.

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
 284-3151

No 33120

Date: 2/19, 1986

From: Mattie C. M. Kenny Address: 3174 Clayme St 92113

Leaf Hundred Dollars (\$ 600⁰⁰)

In part Payment of Interment fees of Samuel E. M. Kenny - du
single depth Bell liner

Lot 113 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5738

Unpaid Balance after this Payment 256⁰⁰

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
 1986
 FEB 21 1986

ISSUED BY [Signature]

CREDIT	87007	50 00
30% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	80 00
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID		600 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 33172

Date: 03-07, 1986

From: Mattie C. McKinney Address: 3174 Van Ness St. Ca 92113

Two hundred fifty six and 00/100 Dollars (\$ 256.00)

In full Payment of Funeral McKinney Service

Lot 112 Grave 14 Row _____ Section 9 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5738

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
MAR 12 1986

ISSUED BY C. Wang

CREDIT	87007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	<u>26.00</u>
Recording fees or misc. service fees	100 77183	<u>180.00</u>
Sales Tax	80101 8020	<u>4.00</u>
TOTAL PAID		<u>256.00</u>

E5788

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT SAMUEL EDWARD MCKINNEY		SEX Male	DATE OF BIRTH Feb. 1, 1905	DATE OF DEATH Feb. 16, 1986
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 Mattie C. McKinney - Wife 3174 Clay Avenue San Diego, California 92113
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragedale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 20 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 20 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rourke, M.D., D.M.M.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Samuel McKinney</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

Preneed lot for

Date 02-19-86

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

of Ann Swenson

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 113 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup

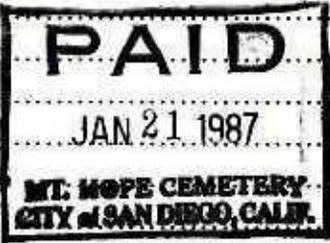
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



2/19/86

Total Due 250.00

Paid receipt number 33121 ✓ 90.00

Balance due 180.00
(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 _____

Ann Swenson
Go Julia G. Morrow
Signature _____
Address 914 57th St
San Diego, Ca 92114
State _____ Zip Code _____
Telephone 262-1980

Work Order # **E 5739**

Invoice # _____

Acct. # _____

#11374

8-5-86

33610 ✓

\$180⁰⁰

80⁰⁰

100⁰⁰

100⁰⁰

01-21-87

34123

- 0 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33121

Date: 02-19, 1986

From: Ann Swenson Address: 914 - 57th St. Dept 9-114

seventy and no/100 Dollars (\$ 70.00)

in mt Payment of Preceded by Ann Swenson

Lot 113 Grave 2 Row 2 Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5739

Unpaid Balance \$180.00
 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
 1986
 FEB 21 1986

ISSUED BY B. King

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	70.00	
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID			70.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33610

Date: 08-05, 1986

From: Annie Swenson Address: 914-57th St La Ca 92114

Eighty and no/100 Dollars (\$ 80⁰⁰)

In part Payment of Preced lot

Lot 113 Grave 2 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5739

Unpaid Balance after this Payment \$ 100⁰⁰

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
 AUG 07 1986
 ISSUED BY B. Lang

CREDIT	87007		
20% Sales Tax	77184		
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		
8030			
TOTAL PAID		80	00

OFFICIAL RECEIPT

No 34123



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 01-21, 1987

From Annie Swenson Address: 914 57th St S.D. Ca. 92114

One hundred and no/100 Dollars (\$ 100⁰⁰)

In full Payment of Precedent lot

Lot 113 Grave 2 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 5739

BALANCE DUE 0

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.

JAN 26 1987

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	100	<u>50</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77183			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	60033		
9022			
Sales Tax	80101		
78380			
TOTAL PAID		<u>100</u>	<u>00</u>

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Indigent Burial

Date *02-20-86*

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

of *Antonio Mastrocunzio*

in a _____ Funeral, date, time *Thu 2/21 2:00*

Church, Chapel, Gravesite *Deluxury*; *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 *104* Grave *8* Row *Bottom level* 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*

Called by Sharon Humphries

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
Signature _____
Address *5201 Ribbin Rd*
SD-Ca
City _____
State _____ Zip Code _____
565-5497

Telephone *Mark Hoffstedler*
Invoice # *040938*

Acct. # *000952*

Work Order # **E 5740**
FY-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
 264-3151

No 33337

Date: 05-08, 1986

From: County of SA Address: 5201-A Ruffin Rd

One hundred forty five and no/100 Dollars (\$ 145.00)

In full Payment of Antonio Mastrocinque's grave
Case # 12573

Lot 104 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. 040938

Acct. No. 000952

W.O. E-5740

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.

1986

ISSUED BY B. Tang

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	
	8000	
TOTAL PAID		\$ <u>145.00</u>

E5740

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ANTONIO ADOLPH MASTROCINQUE		SEX Male	DATE OF BIRTH 06-26-1925	DATE OF DEATH 02-15-1986 Found
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Ruffin Road San Diego, CA 92123
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	BATE PERMIT ISSUED FEB 20 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 21 1986 (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.

on bottom

040938 03/12/86 000052 COUNTY OF SAN DIEGO
100 072
100 072
E-5140
77181 000072
77184 000072
03/12/86 CK 609309

145.00
90.00
55.00

145.00 PAID IN FULL 0.00

E5740

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-20-86

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

of Diane Campbell
in a Bell Master/Line Funeral, date, time Graveside Fr 28-2PM
Church, Chapel, Graveside Belmont; So. Cal. Crem. 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 109 Grave 12 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>

Send Creditors Claim P.A.

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 _____

Public Admin
Signature
5201 Ruffin Rd
Address
So. Ca 92123
City
State _____ Zip Code

We Select

Telephone Pat Williams

Invoice # 040939

Acct # 000952

Work Order # E 5741

Cr. Claim

OFFICIAL RECEIPT



WRITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33473

Date: 06-19, 1986

From: County of San Diego Address: 5201 N. Hudson Rd. CA 92123

Eight Hundred Sixty eight and 4/100 Dollars (\$ 868⁴/₁₀₀)

In Cash Payment of Deane Campbell Stone

Lot 109 Grave 12 Section 9 Division Block 11

Invoice No. 040937
 Acct. No. 000952
 W.O. E-5741
 Unpaid Balance after this Payment X

NOT VALID FOR PURCHASE OF SERVICES STAMPED
 "PAID" IN THIS SPACE

SAN DIEGO CITY RECEIPT
 JUN 19 1986
PAID #13

ISSUED BY R. King

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	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>868⁴/₁₀₀</u>

Pre-Need At Need On Acct.
 Ck Cash

E5741

CITY TREASURER
SAN DIEGO

5722506/19/86		868.42	INVS
06/19/86	5722 5	868.42	CH
06/19/86	5722 5	.00	BA

E5741

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Diane Campbell		SEX Female	DATE OF BIRTH May 6, 1914	DATE OF DEATH Feb. 18, 1986
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 San Diego County Public Admin 5201-A Ruffin Rd. San Diego, CA.
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Southern California's Cremation & Burial		CALIFORNIA LICENSE NUMBER F 1357		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 25 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 28 1986 (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.

E5741

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/20/86

6/20/86
DATE: 06/21
TIME: 2222
PAGE: 1

DEPARTMENT 062 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT LRG	ACCT	PAYM DATE	PD SY	PAYM REF NO	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040939	03/12/86	000952	COUNTY OF SAN DIEGO		06/19/86	CK	80761	368.42	856.00	12.00
			100 072	77181	000072			320.00		
			100 072	77182	000072			100.00		
			100 072	77183	000072			130.00		
			100 072	77184	000072			200.00		
			60101	5020				6.00		
			67007	77184				50.00		
			63021	50222				12.42		

mt. slope

OVERPAYMENT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

2/20/86

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

of Ethel A. Huff
in a T.S. Vault Vault/Liner Funeral, date, time Mon 2/24/ 10 AM
Church, Chapel, Graveside Chapel # 25 ; 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 NO

✓ Lot 3264 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Per need Paid -

Additional spaces and care fund 2p 63 for John -

Opening/Closing & Setup 320.00

Burial Container Top Seal Vault (Crem.) 175.00

Handling Fees 170.00

Flower vases - marker setting fee 35.00

Recording and filing fee 10.50

Sales taxes FEB. 20 710.50

Total Due 710.50

paid receipt number 33125 710.50

Balance due 0

PAID
FEB. 20
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

J. R. ...

Daughter

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.

Virginia L. Rosenberg
Signature
4720 Vista St.
Address
San Diego Ca 92116 Zip Code
(619) 287-1071 Telephone

Signature of recorded holder of deed

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

E 5742

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 33125

Date: 2/20/86 19

From: Virginia Rosenbaum Address: 4726 Vista St - SD - 92116

In full Payment of interment fees for Ethel Huff - du Dollars (\$ 710⁵⁰/_{xx})

Lot 3264 Grave _____ Row _____ Section _____ Division Blocks 10

Invoice No. _____
 Acct. No. _____
 W.O. E 5742
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATE TAXES STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 FEB 27 1986
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	175 00
Recording fees or misc. services fees	100 77183	205 00
Sales Tax	80101 9020	10 50
TOTAL PAID		710 50

*Pre-Need At Need On Acct
 Ck. Cash
 1730

5742

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ETHEL ALICE HUFF		SEX FEMALE	DATE OF BIRTH 4-17-1897	DATE OF DEATH 2-19-1986
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 JOHN HUFF husband 4726 VISTA STREET SAN DIEGO, CALIFORNIA 92116
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GOODEBODY MORTUARY		CALIFORNIA LICENSE NUMBER F 790		

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 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	<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 ▶
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 3.00	DATE PERMIT ISSUED FEB 21 1986	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 FEB 24 1986 (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 02-21-86

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

of Zelma Kelso

in a Bell Union Vault/Liner Funeral, date, time 2/25-11 AM - Tues

Church, Chapel, Casperside; 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 47 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	<u>595⁰⁰</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁰⁰</u>
Total Due	<u>1201⁰⁰</u>

*Via Phone from
Mrs Ragsdale*

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 5743

PY-583 (REV. 8-85)

Invoice # 041612

Acct. # 016683

E5743

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Zelma Kelso		SEX Female	DATE OF BIRTH April 9, 1909	DATE OF DEATH Feb 19, 1986
PLACE OF DEATH—CITY OR TOWN Los Angeles	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Patricia A. Washington (granddaughter) 1110 Clintwood Avenue Valinda, Calif. 91744	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street, San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 24 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Robert M. [Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 25 1986 <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.

E5743

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE NO.	FOR COURT USE ONLY	
Jonnie H. Johnson-Parker, Atty at Law 101 No. LaBrea Ave. Suite 508 Inglewood, CA 90301			Filed for approval:	<input type="checkbox"/> (Date) _____ <input type="checkbox"/> (Deputy) _____
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			Duplicate mailed:	<input type="checkbox"/> (Date) _____ <input type="checkbox"/> (Deputy) _____
ESTATE OF (NAME): Zelma Kelso			Presented to court for approval:	<input type="checkbox"/> (Date) _____ <input type="checkbox"/> (Deputy) _____
DECEDENT			CASE NUMBER:	
CREDITOR'S CLAIM*				

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

- X 1. Total amount of the claim: \$ 1201.00 + interest
- X 2. Claimant (name): Mt. Hope Cemetery
 - a. an individual.
 - b. an individual or entity doing business under the fictitious name of (specify):
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
- X 3. Address of claimant (specify): 3751 Market St.
San Diego, CA 92102
- X 4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 04/09/86
 George W. Stelter, Cemetery Manager

(TYPE OR PRINT NAME AND TITLE) X (SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

- 5. Date of first issuance of letters:
- 6. Date of death:
- 7. This claim was presented on (date):
- 8. Estimated value of estate:
- 9. Claim is allowed for: \$
- Claim is rejected for: \$
- 10. The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

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

- 11. Approved for: \$ Rejected for: \$

Date: _____ SIGNATURE OF JUDGE COMMISSIONER

12. Number of pages attached: Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

(OVER)

ESTATE OF (NAME):

Zelma Kelso

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
X 02/25/86	X Zelma Kelso Service Lot 47, Grave 12, Secion 1, Division 11 Opening/Closing Concrete Liner Tax on Liner Handling fee Recording Fee	X \$ 595.00 320.00 100.00 6.00 145.00 35.00
X TOTAL		X \$ 1201.00

CREDITOR'S CLAIM
(Probate)

E5743

Anderson-Ragsdale Mortuary

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD SAN DIEGO, CALIF 92102
PHONE (714) 263-3141



March 15, 1986

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

Dear George:

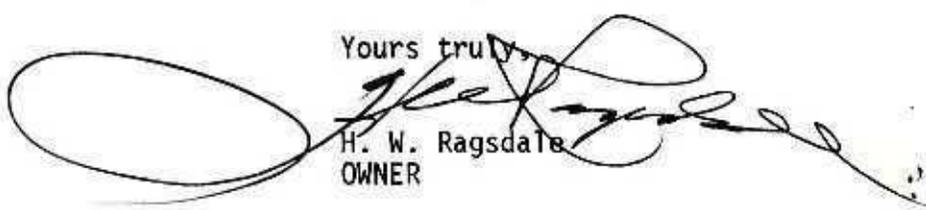
I informed you that the charges for the cemetery expenses would be paid from the estate of Zelma Kelso who was buried there on February 25, 1986.

The granddaughter, Mrs. Patricia Washington of 1110 Clintwood Avenue: Valinda, CA 91744 informed me that her attorney would probate the estate and the attorney is:

Jonnie H. Johnson-Parker, Attorney at Law
101 No. LaBrea Avenue
Suite 508
Inglewood, CA 90301

Mrs. Zelma Kelso owns real property here in San Diego at 733 O'Meara Street. I understand that she did not leave a will and the granddaughter will probate her estate.

Yours truly,


H. W. Ragsdale
OWNER

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. 045-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 12/29/86

DATE: 12/29
 TIME: 21321
 PAGE: 2

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
041612	04/03/86	016683	ESTATE OF ZELMA KELSØ ✓	100	072		77181	000072	12/22/86	CK	1303	1,287.54	1,201.00	86.54
				100	072		77182	000072				320.00		
				100	072		77183	000072				100.00		
				100	072		77184	000072				180.00		
				100	072		77184	000072				476.00		
				60101			9020					6.00		
				67007			77184					119.00		
				63021			90222					56.54		

E-5743

not done

OVERPAYMENT
interest

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-21-86

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

of Mary Cleo Parisa Young
 in a Vault Vault/Liner, Funeral, date, time Mon 2/24 (2/25/86)
 Church, Chapel, Graveside Delivery, Sheppard 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 MAS Division/Block A

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing Seal 320.00

Burial Container 175.00

Handling Fees FEB 24 1986 170.00

Flower vases - Marker setting fee 35.00

Recording 10.50

Sales taxes 710.50

Total Due 710.50

2/24/86
 Paid receipt number 23131

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 _____

Tom Parisa
 Signature 3014 Floyd St
 Address S.D. Ca 92117
 State _____ Zip Code _____

HM 276-1190
WK 279-3200
 Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5744**
 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
 264-3151

No. 33131

Date: 2/24/86, 19

From: Samuel & Parisa Address: 3014 Lloyd St - SD 92117
 Seven Hundred Ten and 50/100

In full Payment of \$710.50 Dollars (\$ 710⁵⁰)
 Interment fees for Mary Lynn Parisa Young - dn

Lot 43 Grave 4 Row Section MAR Division Block A

Invoice No. _____
 Acct. No. _____
 W.O. E-5744
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash
 0431

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 FEB 27 1986
 [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320 00
	77182	
Burial Containers	100	175 00
	77182	
Recording fees or misc. service fees	100	205 00
	77183	
Sales Tax	80101	10 50
	9020	
TOTAL PAID		710 50

E5744

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Mary E. P. Young		SEX Female	DATE OF BIRTH Feb. 17, 1888	DATE OF DEATH Feb. 20, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Samuel G. Parisa - Nephew 3014 Lloyd Street San Diego, Ca. 92117	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hubbard Mortuary		CALIFORNIA LICENSE NUMBER 474		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

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

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 24 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Cannon, M.D. J.K.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	02/25/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Boyer</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.

E5744

TO WHOM IT MAY CONCERN:

1 March 1965

The following cemetery lots are to be used by the heirs of Eliza and Moses Parisa in order of their passing. I hereby release the Mount Hope Cemetery from any and all liabilities resulting from this authorization.

Witness:

R. W. Deane

Mary Eliza Parisa Young

Mary Eliza Parisa Young
Present lot-owner of all
property concerned

- Lot 42½ Grave 1 & 2 Section Masonic Division A
- Lot 43 Graves 1 thru 6 Section Masonic Division A
- Lot 206 Grave 15 Section Masonic Division A
- Lot 32 Graves 1 thru 6 Section Masonic Division A
- Lot 90 Section Masonic Division A
- Lot 91 Section Masonic Division A

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-21-86

Preneed Services

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

of for Ruth McHolder

in a _____ Vault/Urns 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 58 Grave 12 Row _____ Section MAS Division Block 0

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 150.00

02-21-86 — Paid receipt number 33127 150.00

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

Invoice # _____

Acct. # _____

Work Order # E 5745

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33127

Date: Apr 4 02-21, 1986

From: Ruth M. Holder Address: 4477-48th St & Alca 9-115
One Hundred sixty and no/100 Dollars (\$ 150⁰⁰)
 In full Payment of Preneed services (not guaranteed)

Lot 58 Grave 12 Row _____ Section 11745 Division Block 0

Invoice No. _____
 Acct. No. _____
 W.O. F-5745
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATE TAXES STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
FEB 27 1986
General

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>150.00</u>

ISSUED BY R. King

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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/24/86

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

of Willie May Mayes

in a lense Vault/Liner Funeral, date, time 2/24-2 PM - MON

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 _____

Lot 12 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pa need _____

Additional spaces and care fund none _____

Opening/Closing & Setup Pa need D-7607 _____

Burial Container lense Pa need _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due _____ 35.00

Paid receipt number _____

Balance due _____

By Phone
9:45 AM
will make setup

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

Work Order # E 5746

Invoice # 041606

Acct. # 016678

15746

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT WILLIE MAY MAYES		SEX Female	DATE OF BIRTH 12/21/05	DATE OF DEATH 2/19/86
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Levi Mayes-Son 5640 Churchward Street San Diego, California 92114		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St.: San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 24 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorothy L. Gove, M.D.</i> CO.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 24 1986 (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.

041606 04/03/86 016678

LEVI MAYES

100 072

04/15/86 CK 2183

77183 000072

35.00
35.00

Hill

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Thurs @ 11:00

Date 2/24/86

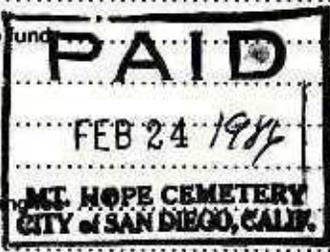
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beatrice Hunt
in a Bell Tower Vault/Liner Funeral, date, time 11AM 2/27-Thurs
Church, Chapel, Graveside Church of GS; 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 105 Grave 6 Row — Section 3 Division/Block 12

Grave space & Care Fund	<u>Bal</u>	<u>480</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>320</u>
Burial Container		<u>100</u>
Handling Fees		<u>145</u>
Flower vases - Marker setting		
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>6.00</u>
	Total Due	<u>1086.00</u>
	Paid receipt number <u>33130</u>	<u>1086.00</u>
	Balance due	<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

Delores Hill
 Signature
5906 Palmara alr.
 Address
CA 92114
 State Zip Code
212-2310 or 212-9317
 Telephone

Work Order # E 5747

Invoice # _____
Acct. # _____

E5747

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

No 33130

Date: 2-24, 1986

From: Dolores Hill Address: 5906 Palmsol Dr

(\$1086) One thousand eight six dollars and ^{NO} ~~no~~ cents Dollars (\$ 1086)

In Full Payment of Beatrice Grant - dec. - interment fees

Lot 105 Grave 6 Row - Section 3 Division Block 12

Invoice No. _____

ACCL. No. _____

W.O. E 5624 and E5747

Unpaid Balance after this Payment -0-

Pre-Need At Need On Acct
Ck Cash

sk # 1379
AC-212 (Rev. 8-85)

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

CITY AUDITOR
FEB 27 1986

ISSUED BY Dave Lounney

CREDIT	87007	
20% Sales Tax	77184	119 00
80% Sales of Lots	100 77184	361 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	140 00
Recording fees or misc. service fees	100 77183	180 00
Sales Tax	80101 8020	6 00
TOTAL PAID		1086 00

E5747

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BEATRICE M. GRANT		SEX Female	DATE OF BIRTH Oct. 9, 1924	DATE OF DEATH Feb. 21, 1986
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 Dolores Hill - Daughter	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69	5906 Balmoral Drive San Diego, CA 92114	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED FEB 24 1986 FEB 27 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Stull & Co. M.D. Co. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Rogers Mortuary

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 2/25/86

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

of Lillian Wald

in a Ball Liner Vault/Liner Funeral, date, time 2/27-thur-10Am

Church, Chapel, Graveside Graveside ; 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 808 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container 100⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

PAID
FEB 27 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1201.00

Paid receipt number 33138 1201.00

Balance due 0

*Via Phone
Funeral Home
will bring car
need help to set -*

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 _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5748

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33138

Date: 2-27, 1986

From: David Bringsen, Conservator
 Address: 835 Selington Ave - SD 92106

Twelve Hundred One and no/100 Dollars (\$ 1201⁰⁰)

In full Payment of Interment fees & grave space for
Lillian Wold - deceased

Lot 808 Grave 7 Row — Section — Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-5748
 Unpaid Balance after this Payment 0

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

CITY AUDITOR
 MAR 4 1986

Loyen Stella
 CM

CREDIT	67007		
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	180	00
77183			
Sales Tax	80101	6	00
9030			
TOTAL PAID		1201	00

Pre-Need At Need On Acct
 Ck Cash
174
 AC-212 (Rev. 8-88)

E5748

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT EDNA LILLIAN WOLD		SEX FEMALE	DATE OF BIRTH JAN. 17, 1908	DATE OF DEATH FEB. 24, 1986
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 SELF PRE-NEED	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PACIFIC BEACH MORTUARY		CALIFORNIA LICENSE NUMBER 815		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA.		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 26 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FEB 27 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature] SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-26-86

Relocation

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

of Suketaro Kamura

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 5232 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund *Relocated from* _____

Additional spaces and care fund *Lot 5233 to* _____

Opening/Closing & Setup *Lot* _____ 165.00

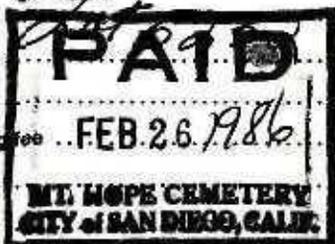
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee FEB 26 1986 _____

Recording and filing fee _____

Sales taxes _____



Total Due 165.00

Paid receipt number 33133 165.00

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

Invoice # _____

Acct. # _____

Work Order # E 5749

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33133

Date: 02-26, 1986

From: Yajai Fujino Address: 345 Moss St., C.V. Ca 92011

One hundred sixty five and no/100 - Dollars (\$ 165.00)

In full Payment of Relocation of interment
From 5233 to 5232-10 - as per plan

Lot 5232 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-5749
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE OF SALES TAX UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
FEB 26 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	<u>165.00</u>
Sales Tax	80101	
	9020	
TOTAL PAID		<u>165.00</u>

Pre-Need At Need On Acct
 Ck Cash
1433
 AC-212 (Rev. 8-55)

Pre-need
See back

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/26/86

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

of Ruth Hollis Monjunga Foster

in a Top Seal Vault Vault/Urner Funeral date time Pre-need

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 - Row - Section TOOF Division/Block 34

Grave space & Care Fund _____

Additional spaces and care fund Pre-need deposit _____

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 _____ Reserve 10.50

Total Due _____ 710.50

Paid receipt number 33134 _____ 710.50

Balance due _____ 0

PAID
FEB 26 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your money to inter the remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 _____

Ruth Hollis Monjunga Foster
Signature 4815 - 33rd St.
Address San Diego, Ca. 92116
City 281 - 2286 Zip Code
Telephone _____

Work Order # E 5750
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33134

Date: 2/26/86, 19

From Ruth Helen Morningside Foster Address: 4815 - 33rd St. S.D. 92116

Seven hundred ten and 50/100 Dollars (\$ 710.50)

In Deposited Payment of Interment Fee + Top Lead Vault - Pre-need
See Book -

Lot -1- Grave - Row 4 Section IOOF Block 34

Invoice No. _____

Acct. No. _____

W.O. E-5750

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct.

Ck Cash

AC-212 (Rev. 8-88)

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

MAR 4 1986
 CITY AUDITOR

007535

ISSUED BY Raymond Stettin

CREDIT	57007	
20% Sales Com	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	63033-9022	710 50

OWN

3134 No. 10/11/18
The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-26-86

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

of Mylene Foote
in a Bell Funeral, date, time Apr 2/88 11 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 3113 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing & Setup 320.00

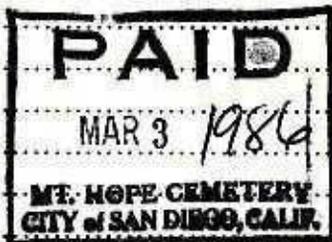
Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 606.00



Total Due 606.00

Paid receipt number 33144 606.00

Balance due 0

(over)

mortuary 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

Signature

Address

State _____ Zip Code _____

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5751**

2/26/86

Mrytle to be entered
next to son Chauncey
w/ Wilbur on her
right, per Rogers
mortuary.

E5751

OFFICIAL RECEIPT

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

No 33144



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

Date: 2/28/86 1986

From: Herbat Foote Address: 4262 Summit S.D. 92104

In full Payment of Monthly R. Foote - Dec. Interest Dollars 606⁰⁰

Lot 3113 Grave 11 Row 11 Section 10 Division Block 10

Invoice No. _____
Acct. No. _____
W.O. _____
Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.
CITY AUDITOR
MAR 4 1986
Sezen
ISSUED BY

CREDIT	67007	
20% Seize Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320
	77181	
Burial Containers	100	100
	77182	
Recording fees or misc. service fees	100	180
	77183	00
Sales Tax	80101	6
	9020	00
TOTAL PAID		606 00

Pre-Need At Need On Acct
Ck Cash
1953
AC-212 (Rev. 8-85)

E5751

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Myrtle Kinsman Foote		SEX Female	DATE OF BIRTH Feb. 10, 1894	DATE OF DEATH Feb. 25, 1986
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 Wilbur Foote - Husband 4262 Swift Ave. San Diego, CA 92104	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED FEB 27 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 28 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorothy E. Kanner, 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/26/86

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

of Yuki Masumoto
in a TS Vault Funeral, date, time Mon 3/3 10 AM
Vault/Liner
~~Church, Chapel, Graveside~~ Seaside Leura 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 15 Grave 3 Row — Section 11 Division/~~Block~~ 7

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

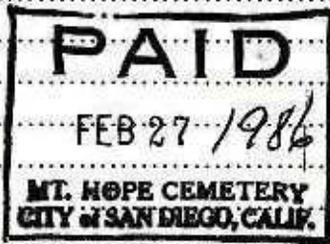
Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

Paid receipt number 33140 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 Yuki Masumoto
Yuki Masumoto
Signature of registered holder of deed

Yuki Masumoto
Signature
814 Cedar Ave.
Address
Chula Vista, Ca 92011
State Zip Code
422-3328
Telephone

Work Order # **E 5752**
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 33140

Date: 12-27, 1976

From: Chiroko Masamoto Address: 814 Cedar, C.V. Ca 92011

seven hundred ten and 50/100 Dollars (\$ 710.50)

In full Payment of Yuki Masamoto service

Lot 15 Grave 1 Row 11 Section 7 Division 7

Invoice No. _____
 Acct. No. _____
 W.O. E-5752
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
MAR 4 1986
 ISSUED BY B. [Signature]

CREDIT	87007	
20% Sales Tax	77184	
50% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>320.00</u>
	77181	
Burial Containers	100	<u>175.00</u>
	77182	
Recording fees or misc. service fees	100	<u>205.00</u>
	77183	
Sales Tax	101	<u>10.50</u>
	1820	
TOTAL PAID		<u>710.50</u>

Pre-Paid At Need On Acct
 Ck Cash

E5752

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT YUKI HIRI MASUMOTO		SEX FEMALE	DATE OF BIRTH MARCH 25, 1896	DATE OF DEATH FEB 26, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT George Masumoto - son 814 Cedar Ave. Chula Vista, CA 92011	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BERNBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 27 1986
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>Ronald L. Ramos M.D.M.M.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George Masumoto</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

Preneed lot for

Date *02-27-86*

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

Alma Nichols

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 *124* Grave *3* Row _____ Section *2* Division/Block *11*

Grave space & Care Fund *300⁰⁰*

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting

Recording and filing fee

Sales taxes

Total Due *300⁰⁰*

Paid receipt number *33137* *50⁰⁰*

2/27/86

3-11-86

Balance due *33184* *250⁰⁰*

250⁰⁰

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.

For Alma Nichols

Signature# _____

Address *1055-9th Ave*

San Diego Ca 92101

Date _____ Zip Code _____

Signature of recorded holder of deed _____

Telephone# _____

Invoice # _____

Acct. # _____

Work Order # **E 5753**

PY-583 (REV. 8-85)

#11251

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33137

Date: 12-27, 1986

From: Alma Michaels Address: 1155-9th Ave San Diego 92101

In city and no. 100 Dollars (\$ 50.00)

in part Payment of pre-need lot

Lot 124 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5753

Unpaid Balance after this Payment \$250.00

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 24 1986
 ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	60101		
9030			
TOTAL PAID			<u>50.00</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 33184

Date: 03-11, 19 86

From: Alma Nichols Address: 1155 9th Ave S La 92101

Two hundred fifty and no/100 Dollars (\$ 250⁰⁰)

In full Payment of Pre-need lot

Lot 124 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5753

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
 MAR 12 1986

ISSUED BY R. Lang

CREDIT	87007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	100	<u>190.00</u>
Openings & Service Charges	77181	
Burial Containers	100	
Recording fees or misc. service fees	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>250.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-27-86

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

of Ora Collins
in a T.S Vault Funeral, date, time Mon 3/3 1 PM
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 15A Grave 4 Row _____ Section 14 Division/Block 7

Grave space & Care Fund 595.00
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 1305.50
(over) 2/27/86 Paid receipt number 33139 400.00
Ins. & 30d days Balance due 905.50

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

Jessie M. Palmer
Signature
7110 Teichway
Address
SD Calif 92114
State Zip Code
266 2093
Telephone

Work Order # E 5754
FY-503 (REV. 8-66)

Invoice # 040955
Acct. # 016444

Only
Flat marker allowed

If Upright Monument
family to pay additional
\$100⁰⁰ to allow upright
option allowable
for 365 days from
this date 2-27-86

3/13/86	33190	905.50
		400.00
		<hr/>
		505.50
4-17-86	33295	100.00
		<hr/>
		405.50

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33139

Date: 02-27, 1986

From: Lucille M. Palmer Address: 710 Putnamway, S. Ca. 92114

Four Hundred and no/100 Dollars (\$ 400.00)

In inst Payment of One Pallin service

Lot 14 Grave 4 Row _____ Section 14 Division 7

Invoice No. _____

Acct. No. _____

W.O. E-5754

Unpaid Balance after this Payment 1965.50

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 B. Sang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>400.00</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>400.00</u>

E5759

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ORA COLLINS		SEX Female	DATE OF BIRTH Mar. 12, 1910	DATE OF DEATH Feb. 24, 1986
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Jessie M. Palmer - Daughter 7110 Tuther Way San Diego, California 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 26 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 3 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D. mm</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

3/18/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

No 33190

Date: 03-13, 1986

From: Cissie M. Palmer Address: 7110 Tuthersway, Apt 92114
Chavez hundred unit no 100 Dollars (\$ 400.00)
 In part Payment of Cra Collins service

Lot 15A Grave 4 Row _____ Section 14 Division Block 7

Invoice No. 040955
 Acct No. E-16744
E-5754
 W.O. E-5754
 Unpaid Balance after this Payment \$505.50

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

1986

CREDIT	67007	
30% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77187	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID	\$	<u>400.00</u>

Pro-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
 284-3181

No 33295

Date: 04-17, 1986

From: Gavin M Palmer Address: 7110 Tutter Way, Ca 92114

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

In no Payment of Gravestone

Lot 15A Grave 4 Row _____ Section 14 Division Block 7

Invoice No. 140955

Acct. No. 016444

W.O. E-5754

Unpaid Balance after this Payment \$415.55

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED

SAN DIEGO CITY TREAS.
 APR 18 '86
 PAID #13

ISSUED BY B. King

CREDIT	87007	
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	
Sales Tax	80101	
	8080	
TOTAL PAID		<u>100.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/22/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33365

From: Jessie M. Palmer Address: 7110 Tether Way - SD - 92114
Paul Hendrix
 Date: 5/16, 1986
 Dollars (\$ 100⁰⁰)
 in Part Payment of Interment fees per Olliver form

Lot 15A Grave 4 Row _____ Section 14 Division Block 7

Invoice No. 040955

Acct. No. _____

W.G. _____

Unpaid Balance after this Payment 305.50

Pre-Need At Need On Acct
 Ck Cash

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

SAN DIEGO CITY TREASURY
 PAID 113
 MAY 21 1986
Loynulles

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Funeral Containers	100	
	77183	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8000	
TOTAL PAID		\$ <u>100⁰⁰</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 33456

Date: 06-13, 19 86

From: Jessie M. Palmer Address: 7110 Luther Way, S.D. Ca. 92114
One hundred and no/100 Dollars (\$ 100.00)
 In mt Payment of Mrs Collins service

Lot 15A Grave 4 Row _____ Section 14 Division 7
 Block _____

Invoice No. 040955

Acct. No. 016444

W.O. E-5752

Unpaid Balance after this Payment \$375.50

\$/B 205.50

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. Lang

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	
	8020	
TOTAL PAID	\$	<u>100.00</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 33543

Date: July 11, 1986

From: Jessie Palmer Address: 7110 Tutineway, San Diego
Blue Hundred & 00/100 Dollars (\$ 100.00)
 In Part Payment of ORA Collins - Service

Lot 15A Grave 4 Row _____ Section 14 Division Block 7

Invoice No. 040955
 Acct. No. 016444
 W.O. F 5754
 Unpaid Balance \$ 205.50
 after this Payment 105.50

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

1986

ISSUED BY Jessie Palmer

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>Used</u>
	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>100 -</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

8/14/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

3/2/86
 No 33630
 Date: 8/7/86

From: Jessie Palmer Address: 7110 - Tuthill Way - S.D. 92114

In part Payment of One Hundred five and no/100 Dollars (\$ 105.00)
for funeral services
Ora Collins services

Lot 15A Grave 4 Row _____ Section 14 Division 7

Invoice No. 040955
 Acct. No. 016444
 W.O. E 5754
 Unpaid Balance after this Payment .50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE
 1986
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77183	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	90101	
	9020	
TOTAL PAID		<u>105.00</u>

Pre-Need At Need On Acct
 Ck Cash

Barbara
Call
Her at Job

233-6691-

Home - 264-0836 - after
5PM

E5754

CITY TREASURER
SAN DIEGO

5251506/13/86	100.00	INVS
06/13/86 5251 5	100.00-	CA
06/13/86 5251 5	.00	BA

E5754

CITY TREASURER
SAN DIEGO

5695507/16/86		100.00	INVS
07/16/86	5695 5	100.00-	CA
07/16/86	5695 5	.00	BA

E5754



CITY TREASURER
SAN DIEGO

5395504/18/86		100.00	INVS
04/18/86	5395 5	100.00-	CA
04/18/86	5395 5	.00	BA

040955 03/12/86 016444 JESSIE M. PALMER ✓
 100 072
 100 072
 100 072
 100 072
 60101
 67007

03/16/86 CA
 77181 000072
 77182 000072
 77183 000072
 77184 000072
 9020
 77184

100.00
 35.54
 19.55
 22.64
 6.25
 1.16
 13.14
 905.50

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. C65 - 315R

ACCOUNTS RECEIVABLE
 INVOICES WRITTEN OFF - BY DEPARTMENT
 AS OF 12/04/85

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NUMBER	INV TYPE	ACCT NO	CUSTOMER NAME	INVOICE DAT	INVOICE DUE DATE	INVOICE AMOUNT	DATE WRITTEN OFF
040955	02	016444	JESSIE M. PALMER	03/12/86	04/11/86	905.50	11/26/86
NUMBER OF INVOICES WRITTEN-OFF						1	
						TOTAL	905.50

E-5754

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

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 03/18/86

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 APPLIED	AMOUNT BAL
040955	03/12/86	016444	JESSIE M. PALMER						03/15/86	CA	E-5754	400.00		90
		100	072	77181	000072							141.30		
		100	072	77182	000072							77.31		
		100	072	77183	000072							90.50		
		100	072	77184	000072							35.57		
		60101		9020								4.64		
		67007		77184								52.56		

E-5754

040955 03/12/86 016444 JESSIE M. PALMER ✓ 03/07/86 CA . 427 105.00 905.5

100	072	77181	000072	37.11
100	072	77182	000072	20.29
100	072	77183	000072	23.77
100	072	77184	000072	8.81
60101		9020		1.22
67007		77184		13.80

mt. hope

BY START JOB 1789 050007 2 001 001 SDDPC DALL CRT 3 RUM 5:10:41 AM 18 JUL 86 PRINT

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/18/86

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED
									OPER	BN/EQ	FACILI	AMOUNT APPLIED	
040955	03/12/86	016444	JESSIE M. PALMER						07/11/86	CA	E-5754	100.00	905.5
				100	072		77181	000072				35.34	
				100	072		77182	000072				19.33	
				100	072		77183	000072				22.64	
				100	072		77184	000072				8.39	
				60101			9020					1.10	
				67007			77184					13.14	

E-5754

mt. hope

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/21/86

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
									OPER	BN/EQ	FACILI	AMOUNT APPLIED	
040955	03/12/86	016444	JESSIE M. PALMER						04/17/86	CA	E-5754	100.00	905.5
				100	072		77181	000072				35.34	
				100	072		77182	000072				19.33	
				100	072		77183	000072				22.64	
				100	072		77184	000072				8.39	
				60101			9020					1.16	
				67007			77184					13.14	

E-5754

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/27/86

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

of Beth S. Brown 2 PM

in a Wm Vault - Vault/Liner Funeral, date, time 3/3 now

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 veteran _____ no witness

✓ Lot 5 Grave 4 Row _____ Section 100F Division/Block 6

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
MAR 3 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

105⁰⁰

40⁰⁰

60⁰⁰

35⁰⁰

2⁴⁰

Total Due 242.40

Paid receipt number 33153 242.40

Balance due 0

*Call by noon
Do afternoon*

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 _____

Beth Brown Hanson
Signature
2304 Vancouver Ave
Address
San Diego CA 92104
State 281-1840 Zip Code
Telephone

Work Order # **E 5755**
PV 863 (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 33153

Date: 03-03, 1986

From: Mr. Bert C. Hansen Address: 1014 Vancouver St. #104
1000 Humboldt City, Torrance 90501

In full Payment of PTM - Burial Service Dollars (\$ 444)

Lot 5 Grave 1011 Row _____ Section 111F Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-5755

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
 MAR 4 1986

ISSUED BY B. Hansen

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	105 00
	77181	
Funeral Containers	100	40 00
	77182	
Recording fees or misc. service fees	100	95 00
	77183	
Sales Tax	80101	2 40
	8030	
TOTAL PAID		\$ 424 40

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#54274
Cypress View/BB Mort.

NAME OF DECEDENT Beth Smedley Brown		SEX Female	DATE OF BIRTH Jan. 21, 1892	DATE OF DEATH FOUND Feb. 26, 1986
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 Ruth Hanson - Daughter 2304 Vancouver Avenue San Diego, CA. 92104	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Cypress View/Bonham Brothers		CALIFORNIA LICENSE NUMBER 670		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory 3953 Imperial San Diego, CA.	DATE CREMATED 3/3/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>A. Puenorto</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

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

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

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED FEB 28 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorothy L. Ramsey, M.D.</i>
-----------------	--	-------------------------------------	--	---

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	MAR 3 1986	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Dee J. [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.

FUNERAL PURCHASE AGREEMENT

ACCOUNT NO. 058602067
 COUNSELOR NO. 0549343 *E5755*
 COUNSELOR NO.
 DATE 022786

FOR BETH S. BROWN DECEASED
 CHARGE TO Mrs. RUTH HANSON
 ADDRESS 7304 VANCOUVER AVE. ZIP 92104

TELEPHONE 281-1840
 SOCIAL SECURITY 548-32-0579

- BERGE-ROBERTS MORTUARY**474-6565
 607 National City Blvd., National City, CA 92050
- CYPRESS VIEW / BONHAM BROTHERS**264-3168
 40th St. at Imperial Ave., San Diego, CA 92113
- EL CAMINO / LA JOLLA MORTUARY**453-2121
 5600 Carroll Canyon Rd., San Diego, CA 92121
- ENCINITAS MORTUARY**753-1143
 340 Melrose Avenue, Encinitas, CA 92024
- RICKSON-ANDERSON MORTUARY**466-3297
 8390 Allison Avenue, La Mesa, CA 92041
- LEWIS COLONIAL / BENBOUGH MORTUARY** .283-7211
 3051 El Cajon Blvd., San Diego, CA 92104

MORTUARY CHARGES

Professional Services \$ 221
 Personnel/Facilities \$ 252
 Motor Vehicles \$ 27
 Total Services\$ 500 ①

Casket \$ 125
 Vault \$ _____
 Flowers \$ 115
 Memorial Book, Folders \$ _____
 Acknowledgements \$ 15
 Shipping Case \$ _____
 Urn \$ 15
 Clothing \$ _____
 Cremation Unit \$ 10
\$ _____

I/WE, THE PURCHASER, UNDERSTAND THAT CASH ADVANCES ARE ACCOMMODATION PAYMENTS ONLY AND THE FUNERAL ESTABLISHMENT IS CHARGING THE PURCHASER ONLY THE AMOUNTS ACTUALLY DISBURSED. AS A RESULT, ANY ADDITIONAL PAYMENTS INCURRED WILL BE CHARGED TO THE PURCHASER. ANY AMOUNTS PAID BY THE PURCHASER IN EXCESS OF ACTUAL AMOUNTS DISBURSED WILL BE CREDITED TO THE PURCHASER.

I/WE HEREBY AGREE THAT I/WE HAVE EXAMINED THE ITEMS STATED HEREON AND THE TERMS SET FORTH AND FOUND THEM TO BE CORRECT AND ACCORDING TO THE ARRANGEMENTS REQUESTED BY ME/US AND HEREBY AUTHORIZE:

EV/BB
 MORTUARY TO CONDUCT FUNERAL SERVICES AND/OR RENDER PERSONAL AND PROFESSIONAL SERVICES AND SUPPLIES FOR

BETH BROWN
 DECEASED.

PROMISSORY NOTE
 IN CONSIDERATION THEREOF, I/WE PROMISE TO PAY JOINTLY AND SEVERALLY TO SELLER OR ORDER AT SAN DIEGO, CALIFORNIA, THE SUM OF:

DOLLARS (\$ 359.54) ON OR BEFORE 2/27/1986

INTEREST AFTER MATURITY AT A RATE OF 1 1/2 % PER MONTH (18% APR) WILL BE CHARGED ON THE UNPAID BALANCE. I/WE ACKNOWLEDGE THAT THE FILING OF A CLAIM AGAINST THE ESTATE OF THE DECEDENT SHALL NOT WAIVE NOR LIMIT MY/OUR OBLIGATION UNDER THIS NOTE. SHOULD IT BE NECESSARY FOR THE HOLDER TO ENGAGE AN ATTORNEY TO ENFORCE PAYMENT OR TO DEFEND ANY PROVISIONS OF THIS AGREEMENT, I/WE AGREE TO PAY ALL OF HOLDER'S REASONABLE ATTORNEY'S FEES AND COURT COSTS INCURRED WITH OR WITHOUT SUIT.

PURCHASER ACKNOWLEDGES THAT HE/SHE HAS READ AND RECEIVED A COMPLETED LEGIBLE COPY OF THIS AGREEMENT.

SIGNATURE Ruth Brown Hanson

ADDRESS _____

Total Merchandise\$ 465.20 ②
 Sales Tax\$ 16.00 ③
TOTAL MORTUARY CHARGES (1+2+3) \$ 786.20 ④

CASH ADVANCES

Newspaper, Classified \$ 30.94
 (6) Certified Copies \$ 30
 Disposition Permit \$ 3.00
 Telephone, Telegraph \$ _____
 Cemetery, Mausoleum \$ -0-
 Crematory
Cvm \$ 65
 Transportation (Est.) \$ _____
 Motor Escort \$ _____
 Florist Charges \$ _____
 Honorarium \$ 50
 Coroner's Fee \$ _____

E5755

LEWIS COLONIAL / BENBOUGH MORTUARY 283-7211
3051 El Cajon Blvd., San Diego, CA 92104

I/WE, THE PURCHASER, UNDERSTAND THAT CASH ADVANCES ARE ACCOMMODATION PAYMENTS ONLY AND THE FUNERAL ESTABLISHMENT IS CHARGING THE PURCHASER ONLY THE AMOUNTS ACTUALLY DISBURSED. AS A RESULT, ANY ADDITIONAL PAYMENTS INCURRED WILL BE CHARGED TO THE PURCHASER. ANY AMOUNTS PAID BY THE PURCHASER IN EXCESS OF ACTUAL AMOUNTS DISBURSED WILL BE CREDITED TO THE PURCHASER.

I/WE HEREBY AGREE THAT I/WE HAVE EXAMINED THE ITEMS STATED HEREON AND THE TERMS SET FORTH AND FOUND THEM TO BE CORRECT AND ACCORDING TO THE ARRANGEMENTS REQUESTED BY ME/US AND HEREBY AUTHORIZE:

CV/BB

MORTUARY TO CONDUCT FUNERAL SERVICES AND/OR RENDER PERSONAL AND PROFESSIONAL SERVICES AND SUPPLIES FOR

BETH BROWN

DECEDENT. PROMISSORY NOTE

IN CONSIDERATION THEREOF, I/WE PROMISE TO PAY JOINTLY AND SEVERALLY TO SELLER OR ORDER AT SAN DIEGO, CALIFORNIA, THE SUM OF:

DOLLARS (\$ 359.54) ON OR BEFORE 2/27/1986

INTEREST AFTER MATURITY AT A RATE OF 1 1/2% PER MONTH (18% APR) WILL BE CHARGED ON THE UNPAID BALANCE. I/WE ACKNOWLEDGE THAT THE FILING OF A CLAIM AGAINST THE ESTATE OF THE DECEDENT SHALL NOT WAIVE NOR LIMIT MY/OUR OBLIGATION UNDER THIS NOTE. SHOULD IT BE NECESSARY FOR THE HOLDER TO ENGAGE AN ATTORNEY TO ENFORCE PAYMENT OR TO DEFEND ANY PROVISIONS OF THIS AGREEMENT, I/WE AGREE TO PAY ALL OF HOLDER'S REASONABLE ATTORNEY'S FEES AND COURT COSTS INCURRED WITH OR WITHOUT SUIT.

PURCHASER ACKNOWLEDGES THAT HE/SHE HAS READ AND RECEIVED A COMPLETED LEGIBLE COPY OF THIS AGREEMENT.

SIGNATURE: Beth Brown Hanson

ADDRESS:

SIGNATURE:

ADDRESS:

ACCEPTED BY: Carl D. King

IF YOU SELECTED A FUNERAL WHICH REQUIRED EMBALMING, SUCH AS A FUNERAL WITH VIEWING, YOU MAY HAVE TO PAY FOR EMBALMING. YOU DO NOT HAVE TO PAY FOR EMBALMING UNLESS YOU APPROVE IF YOU SELECTED ARRANGEMENTS SUCH AS DIRECT CREMATION OR IMMEDIATE BURIAL. IF WE CHARGED FOR EMBALMING, WE WILL EXPLAIN WHY BELOW.

per pre-need agreement + daughter

Flowers \$ 115
Memorial Book, Folders \$ 15
Acknowledgements \$ 15
Shipping Case \$
Urn \$ 15
Clothing \$
Cremation Unit \$
..... \$

Total Merchandise \$ 270
Sales Tax \$ 16.20
TOTAL MORTUARY CHARGES (1+2+3) \$ 286.20

CASH ADVANCES

Newspaper, Classified \$ 30.94
(6) Certified Copies \$ 30
Disposition Permit \$ 3.00
Telephone, Telegraph \$
Cemetery, Mausoleum \$ -0-
Crematory CVM \$ 65
Transportation (Est.) \$
Motor Escort \$
Florist Charges \$
Honorarium \$ 50
Coroner's Fee \$
Music \$
..... \$
..... \$

TOTAL CASH ADVANCES \$ 178.94
TOTAL CHARGES (4+5) \$ 975.74

RECEIPTS

Cash Rec. # VISA \$ 359.54
Trust # \$
Deb. # 8869-06007 \$ 605.60
Total Down Payment \$ 965.14
BALANCE (6-7) \$ -0-

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 02-27-86

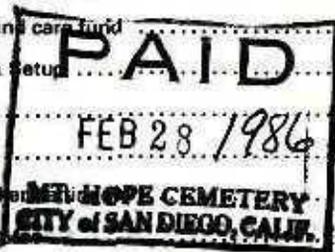
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elizabeth H. Wilson
 in a Bell Liner Funeral, date, time Tues 3/4 11 AM
 Church, Chapel, Grave site 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 11 Row - Section 2 Division/Block 11

Grave space & Care Fund	<u>250.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>220.00</u>
Burial Container	<u>100.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Market Price	
Recording and filing	<u>35.00</u>
Sales taxes	<u>6.00</u>
Total Due	<u>856.00</u>
Paid receipt number <u>33145</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.

Albert F Wilson
 Signature
2293 Judson
 Address
S.D.
 State CA 92114
 Telephone 560-8040

Signature of recorded holder of deed _____

Work Order # **E 5756**

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. 33145

Date: 2/28, 1986

From: Albert Wilson Address: 2293 Jack
92 111
Eight Hundred Eighty Seven and 00/100 Dollars (\$ 856.00)
 In Full Payment of Interment of Elizabeth Wilson Fee

Lot _____ Grave _____ Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E 5756

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 9-55)

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

CITY AUDITOR
 MAR 17 1986

ISSUED BY

Elizabeth Wilson

CREDIT	57007	
20% Sales Care	77184	50 00
80% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	30 00
Burial Containers	100 77182	100 00
Recording fees or misc. service fees	100 77183	180 00
Sales Tax	80101 8020	6 00
TOTAL PAID		\$ 856 00

E5756

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ELIZABETH WILSON		SEX Female	DATE OF BIRTH 10/23/17	DATE OF DEATH 2/26/86
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 Alberd Wilson—Husband 2293 Judson Avenue San Diego, Calif. 92111	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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 Mt. Hope Cemetery 3751 Market St.: San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 3 1986 MAR 4 1986
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. Ramsey, M.D.</i> DM 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

Pre-paid

City of San Diego

at Head

Date Feb 28, 1986

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

of Wm R. Richardson Jr. ~~♂~~ MAR 12 1986

in a Ash Vault Funeral, date, time Upon delivery

Church, Chapel, Graveside _____; 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 No no witness

Lot 27 Grave 11 Row _____ Section Max Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

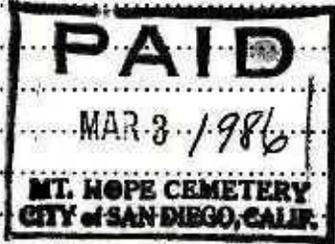
Recording and filing fee _____ 35.00

Sales taxes _____ 2.40

Total Due _____ 242.40

Paid receipt number 33146 242.40

Balance due 0



Over

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.

William R. Richardson Jr.
Signature
GENERAL DELIVERY
Address
PALOMAR MTN CA 92060
State
(619) 742-3408 Zip Code
Telephone

Signature of recorded holder of deed _____

Work Order # E 5757
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 33146

Date: 2/28 1986

From: W. A. Richardson, Jr. Address: 3928 Arroyo St - #20, San Diego, CA 92104

In full Payment of see back - Death pending Dollars 242.40

Lot 27 Grave 11 Row 100 Section mas Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-5757

Unpaid Balance after this Payment 0

Pre-Paid At Need On Acct

Ck 1429 Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 MAR 1986
 4-1986

ISSUED

CREDIT	67007	
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

[Handwritten Signature]

MOUNT HOPE CEMETERY

E5757

May 5, 19 78

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

William A Richardson in Lot 27 Gr 12 Row _____ Sec. MASONIC
~~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.

William A Richardson

3924 Arizona St. San Diego 92104

Wm A Richardson

3070 Landis Apt. 7-E. D. 92104

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

SONS OF ORIGINAL LOT OWNER

Samuel R Farley
 Witness

 Witness

85757

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT William Arthur Richardson, Sr		SEX Male	DATE OF BIRTH July 11, 1901	DATE OF DEATH Feb 28, 1986
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 William A Richardson, Jr—son General Delivery Palomar Mountain, Ca 92060	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) NEPTUNE SOCIETY		CALIFORNIA LICENSE NUMBER F-1352		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY n/a
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc El Cajon, Ca	DATE CREMATED 3/5/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt Hope Cemetery San Diego, Ca		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED 3-5-86
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 12 1986 (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 2/28/86

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

of Inez Phillips

in a Bellison Vault/Liner Funeral, date, time Mon-1 P.M 3/5/86

Church, Chapel, Graveside Shameside; 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 _____

✓ Lot 134 Grave 4 Row - Section 1 Division/Block 11

Grave space & Care Fund Per need 1

Additional spaces and care fund _____ 1

Opening/Closing & Setup Per Paid - D-9721 1

Burial Container _____ 1

Handling Fees _____ 1

Flower vases - Marker setting fee _____ 1

Recording and filing fee _____ 35.00

Sales taxes _____ 1

Total Due 35.00

Paid receipt number _____

Balance due _____

*Via
Phone
Wally -
OK*

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 5758

Invoice # 040943

Acct. # 008622

85758

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT INEZ PHILLIPS		SEX Female	DATE OF BIRTH Aug. 21, 1916	DATE OF DEATH Feb. 27, 1986
PLACE OF DEATH—CITY OR TOWN Hemet	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Riverside		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Delmar O. Phillips, husband	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FEATHERINGILL MORTUARY		CALIFORNIA LICENSE NUMBER 1083	235 S. Lyon Hemet, Ca. 92343	

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 03 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 3 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ <i>Ronald L. ... 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.

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

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 03/25/86

DATE: 03/25/86
 TIME: 224634
 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
040943	03/12/86	008622	FEATHERINGILL MORTUARY 100 072	77183	000072	03/21/86	CK	4683	35.00 35.00	35.00	0.00 PAID IN FULL
NUMBER OF INVOICES PAID			1								
TOTAL AMOUNT PAID			35.00								

E-5758

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/28/86

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

of Benjamin Fay
in a B. Linn Vault/Urner Funeral, date, time 2PM - Wed. 3/5
Church, Chapel, Graveside Church of SS ; Regadale 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 17 Division/Block 7

Grave space & Care Fund Per med -

Additional spaces and care fund _____

Opening/Closing & Setup 310.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 6.00

PAID
MAR 4 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 606.00

Paid receipt number 33158 606.00

Balance due 0

*The Regadale
will bill ch.
on
by*

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 _____

Roy Han
Signature 3893 T St
Address 10 Ca 9403
City _____ Zip Code _____

Telephone# _____

Work Order # E 5759

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BEULAH FAY		SEX Female	DATE OF BIRTH April 28, 1923	DATE OF DEATH Feb. 28, 1986
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 Marnurva Hunter - Sister 3893 "T" Street San Diego, CA 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<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)

<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: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 4 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 5 1986 (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.

E5759

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33158

Date: 03-04, 19 86

From: Kay Horn Address: 3793 T St La 92102

my husband's and no/100 Dollars (\$ 600)

In full Payment of burial fee service

Lot 21 Grave 4 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5759

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
 MAR 7 1986

ISSUED BY B. Long

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>180 00</u>
	77183	
Sales Tax	80101	<u>6 00</u>
	8020	
TOTAL PAID		<u>606 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Property transfer

Date 2-28-86

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

** to Tami Jackson, Mike + Carl*

in a _____ Vault/liner Funeral date, time Apple

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 666 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 fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAR. 3 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

35.00

Total Due 35.00

Paid receipt number 33143 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 dead.

See attached
Signature _____

Signature of recorded holder of dead _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5760

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

#11276

THE CITY OF SAN DIEGO
PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of

Thirty five and no/100

I/ ~~we~~

Rita A. Kepple (KEPPLE)

DO HEREBY REMISE, RELEASE AND QUITCLAIM TO THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in *Lot Hope* CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 616 - Section 1, Division 8

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 *28* day of *Feb* 19*86*

See over

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Rita A. Kepple

*Raymundo
Cemetery mgr*

Witnesses.

STATE OF CALIFORNIA, }
COUNTY OF SAN DIEGO. } SS.

On this _____ day of _____, 19____, before me

_____, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared

_____ known to be the person described in and whose name _____ subscribed to the above instrument and acknowledged to me that _____ executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my office in said county of San Diego, State of California, on the date first above written.

Notary Public in and for said County and State

My Commission expires _____

E5760

To be deeded to:

Mrs. Tami L. Jackson

Michael T. Kepple

Earl T. Kepple

These are three grandchildren of Rita A. Kepple -

mail new deed to:

Rita A. Kepple
8908 La Mar St
Spring Valley Ca
92077

Phone 619-464-1058

Grayson Stitts
C.M.

or
L.K.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33143

Date: 2/28, 1986

From: Rita A. Kepple Address: 8908 Leeward St Spring Valley - 92077

In full Payment of \$35.00
 Transfer fee to re-deed

Lot 616 Grave — Row — Section 7 Division Block 8

Invoice No. _____
 Acct. No. Funclain
 W.O. Deed
 Unpaid Balance after this Payment _____

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

CITY AUDITOR
 MAR 4 1986

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	35.00
Sales Tax	80101	
	8020	
TOTAL PAID		35.00

Pre-Need At Need On Acct
 Ck Cash

AC-212 (REV. 8-85)

E5760

ISSUED BY

Seaym Stettin



*Flushed Cemetery
to Mt. Hope
8/28/86
Jani. [unclear]*

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

8/31/1959

OWNERSHIP AND INTERMENT PRIVILEGES

TO Harold & Natividad Dresser for the sum of \$ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 616, Section 1, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-5091

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

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

2 x 1 Flush Memorial

Raymond W. Deane
Cemetery Manager

Leo B. Callard
Park and Recreation Director

E5760

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/3/86

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

of William C. Johnston

in a Bell Line Vault/Liner Funeral, date, time Thu 3/6/ 2 P.M.

Church, Chapel, Graveside Chapel & G.S.; Creswell - Elmer 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 223 Grave Row Section Division/Block 10

Grave space & Care Fund Per need A-2864

Additional spaces and care fund

Opening/Closing & Setup 320.00

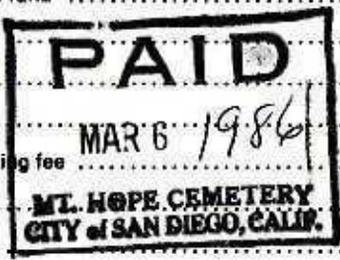
Burial Container 100.00

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 33149 306.00

Balance due 300.00

3-6-86
Daughtmanlaw 33140

I hereby certify I am the Daughtmanlaw of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 Debbie Johnston
Address 10332 Cassita Ct
Santee 92071
State Zip Code
Telephone 449-5137

Signature of recorded holder of deed

Work Order # E 5761
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 33149

Date: 3/3/86, 19

From: Carolyn [unclear] Address: 822 Laura St El Cajon - 92020

In part Payment of Interment fees for William C Johnston - dec Dollars (\$ 306⁰⁰)

Lot 223 Grave 1111 Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-5761

Unpaid Balance after this Payment 300⁰⁰

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

[Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>306⁰⁰</u>
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>306⁰⁰</u>

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT William Charles Johnston		SEX Male	DATE OF BIRTH Sept. 13, 1908	DATE OF DEATH Mar. 1, 1986
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 Louay Johnston - Son 10332 Carreta Ct. Santee, CA 92071	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Carroll's Mortuary		CALIFORNIA LICENSE NUMBER F-1315		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 - 3751 Market Street - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Not Applicable	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Not Applicable		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Not Applicable		
ACKNOWLEDGMENT OF APPLICANT	<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 Not Applicable		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 4 - 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 6 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Carroll's Mortuary</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.

E5761

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33170

Date: 03-06, 19 86

From: Carolyn S. Dickson Address: 9510 DANA POINT C.C. CA 92653

Three hundred and 00/100 Dollars (\$ 300)

In full Payment of William C. Garrison Service

Lot 273 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5761

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 5-85)

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

CITY AUDITOR
 MAR 12 1986
 007818

ISSUED BY E. J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	14 00
	77181	
Burial Containers	100	100 00
	77182	
Recording fees or misc. service fees	100	180 00
	77183	
Sales Tax	60101	6 00
	6030	
TOTAL PAID		300 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-86

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

of Lena J. Query
in a Bell Funeral, date, time Wed 3/5 10 AM
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 _____ Grave 23 Row 5 Section 3 Division/Block 2

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 _____

Balance due _____

Need shovel
at gravesite

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 Mortuary

Invoice # 040957

Acct. # 016446

Work Order # E 5762

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 33268

Date: 04-14, 1986

From: Grina Overkirk Address: 2643 Bentley Ave #412 90064

Twenty five and no/100 Dollars (\$ 35.00)

In cash Payment of 7 mos. & 1 day service

Lot _____ Grave 23 Row 5 Section 3 Division Block 2

Invoice No. 040957

Acct. No. 016446

W.O. F-5762

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 B. Lang

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		35.00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT LENA IVAN AVERY		SEX Female	DATE OF BIRTH 11-9-07	DATE OF DEATH 3-1-86
PLACE OF DEATH—CITY OR TOWN Los Angeles	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Irina Averkieff - Daughter	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) House of Winston Mortuary		CALIFORNIA LICENSE NUMBER 639		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 2643 Bently Drive Los Angeles, Ca. 90064		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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, 3751 Market Street, San Diego, Ca.	COUNTY San Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED		
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		
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 \$3.00	DATE PERMIT ISSUED MAR 4 - 1986	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		MAR 5 1986	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.

E5762

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/4/86

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

of Angela Gustafson

in a Warrant Vault/Liner Funeral, date, time Epi 3/7 - 9 AM

Church, Chapel, Graveside Mount St. S. Mortuary Hampshire N.H.

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 10 Row — Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container <u>Top Seal Vault</u>	<u>175⁰⁰</u>
Handling Fees	<u>170⁰⁰</u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>10⁰⁰</u>
Total Due	<u>960.50</u>
Paid receipt number <u>33156-124</u>	<u>135⁰⁰</u>
Balance due	<u>825.50</u>

I hereby certify I am the Step 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

X Thomas H. Rin
Signature

Address 618 N AVE #8

State NATL. CITY CA. Zip Code 92050

Telephone 477-2350

Invoice # 040956

Acct. # 016445

Work Order # E 5763

Bal.

3/7/86

825.50

115.00

710.50

100.00
200.00
300.00
400.00
500.00
600.00
700.00
800.00
900.00
1000.00

2001 - 2010

NOTE-STRAIGHT

\$ 710⁵⁰ San Diego, California, March 4, 1986

-90 days - 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 Seven Hundred Ten and 50/100 DOLLARS.

with interest from June 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 Thomas H. Rios

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Payments as follows: 1250.00 to Mt. Hope by 4/1/86
250.00 to Mt. Hope by 5/1/86
235.50 to Mt. Hope by 6/1/86

67007-	50-
77181	240
77182	175
77183	205
60101	10.50

10/11/71

Handwritten notes at the bottom of the page, including the date 10/11/71 and other illegible text.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33156

Date: 3/4 1986

From: Thomas P. Rios Address: 612 "M" #8 N.C. 92050

In part Payment of one hundred thirty five and 00/100 Dollars (\$ 135.00)

on interment fees for Angela Sastelum

Lot 118 Grave 10 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. F5763

Unpaid Balance after this Payment 825.50

note -

Pre-Need At Need On Acct

Ck Cash

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

CITY AUDITOR
 MAR 7 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>135.00</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>135.00</u>

115.00 - div.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ANGELA MARIE CASTELUM		SEX FEMALE	DATE OF BIRTH MAY 8, 1960	DATE OF DEATH MAR 2, 1986
PLACE OF DEATH—CITY OR TOWN NATIONAL CITY	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT DEERSTIEN RIOS MOTHER 612 "H" AVENUE, #8 NATIONAL CITY, CA 92050	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) HUMPHREY PARADISE VALLEY MORTUARY		CALIFORNIA LICENSE NUMBER F-1192		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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, CALIFORNIA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 05 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 7 1986 (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.

E5763

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33171

Date: 3/7/86, 19

From: Thomas P. Pico Address: 612 M Ave. #K - Ph 477-2350 - NC 92050
One Hundred fifteen and ^{no}/₁₀₀ Dollars (\$ 115⁰⁰/₁₀₀)
 In part Payment of Interment fees to apply to Angela Hestolom

Lot 118 Grave 10 Row CITY Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5763
 Unpaid Balance after this Payment 710⁵⁰

Pre Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSES OTHER THAN UNLESS STAMPED
 "PAID" IN THIS SPACE
AUDITOR
MAR 12 1986
 00898
 1986
 ISSUED BY [Signature]

CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	<u>65.00</u>
	77184	
Openings & Service Charges	100	<u>50.00</u>
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>115.00</u>

Handwritten notes:
 W
 110
 723

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDBROD RETAIN

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

No 33331

Date: 5/7/86, 19

From: Thomas J. Pios Address: 612 - M Ave #8 N.C. 92050

In Part Payment of One Hundred Seventy Five and 1/100 Dollars (\$ 175.00)

Payment of Grave of Angela Gustafson Samin - Pa

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 040956

Acct. No. 016445

W.O. E-5763

Unpaid Balance after this Payment 360.50

Pre-Need At Need On Acct
 Cash Cash

AC-212 (Rev. 8-86)

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

1986

ISSUED BY Geoyen Stella

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>175.00</u>

Will pay again next time.

OFFICIAL RECEIPT



WRITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

4/10/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3161

No 33245

Date: 4/3, 1986

From: DIEROSTINE Rios Address: 612 "M" AVE. #8 92050

In ONE HUNDRED SEVENTY FIVE Dollars (\$ 175.⁰⁰)

Payment of PAINT. ANGELA CASTELUM SERVICES

Lot 188 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. 040956

Acct. No. 016445

W.O. _____

Unpaid Balance after this Payment \$35.00

Pre-Need At Need On Acct
 Ck Cash

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

ISSUED BY [Signature]

CREDIT	57007	
30% Sales Tax	77184	
50% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77183	
Recording fee or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>175.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

1/8/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

No 33514

Date: 7/2/86, 19

From: Thomas & Rios Address: 612-N-#8-NC 92050
One Hundred Eighty Second St
 In full Payment of Invoice - # 040956 Dollars (\$ 185.50)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 040956
 Acct. No. _____
 W.O. E-5763
 Unpaid Balance after this Payment 0

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

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>185.50</u>

Pra-Need At Need On Acct
 Ck Cash

269

ISSUED BY

[Handwritten Signature]

040956 03/12/86 016445

THOMAS G. RIOS

100 072
100 072
100 072
60101
67007

Net. Hope

77181
77182
77183
9020
77184

000072
000072
000072

07/03/86 CK 269

185.50
70.49
45.09
53.52
2.74
13.06

710.50

PAID IN FULL 0.00

E5763

E5763

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33404

Date: 05-20, 1986

From: Donald R. ... Address: 74105 ...

In ... Payment of ... Dollars (\$ 15.90)

CITY AUDITOR
 JUN 04 1986

Lot 181 Grave 10 Row ... Section ... Division 11 Block ...

Invoice No. _____

Acct. No. _____

W.O. E-5763

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

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

DR010680
 1986

ISSUED BY E. ...

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	5.00
Recording fees or misc. service fees	100 77183	10.60
Sales Tax	80101 9020	2.00
TOTAL PAID		15.90

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33403

Date: 05-30, 1976

From: Thomas L. Rio Address: 613 W. Ave # 8 N.C. Ca 9215

One hundred seven and no/100 Dollars (\$ 175.00)
 in cash Payment of Angel's Anteburial Service

Lot 188 Grave 14 Row _____ Section _____ Division 11
 Block _____

Invoice No. 040956
 Acct. No. 116445
 W.O. E-5763
 Unpaid Balance after this Payment \$175.00

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

1986

ISSUED BY B. King

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>175.00</u>

Pre-Need At Need On Acct.
 Ck Cash

CITY TREASURER
SAN DIEGO, CA

9164506/03/86		175.00	INVS
06/03/86	9164 5	175.00-	CA
06/03/86	9164 5	.00	BA

E5263

E5763

040956 03/12/86 016445 THOMAS G. RIOS
E-5763
100 072
100 072
100 072
60101
67007

04/03/86 CA E-5763
77181 000072
77182 000072
77183 000072
9020
77184

175.00
66.50
43.10
50.49
2.59
12.32

710.50 PARTIAL PAYMENT 535.50

040956 03/12/86 016445 THOMAS G. RIOS
E-5763
100 072
100 072
100 072
60101
67007

NA
05/07/86 CA
77181 000072
77182 000072
77183 000072
9020
77184

175.00
66.50
43.10
50.49
2.59
12.32

710.50 PARTIAL PAYMENT 360.50

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-86

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

of Walter H. Peterson
in a Bell Funeral, date, time THUR 3/6 10AM
Church, Chapel, 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 _____

Lot 203 Grave 4 Row _____ Section 14 Division/Block 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

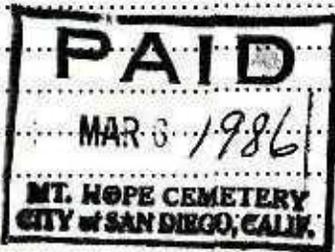
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Preneed

320.00
100.00
145.00

35.00

6.00

Total Due 606.00

Paid receipt number 33163 606.00

Balance due 0

*Called by Ray@mort.
Family to
sign + pay prior to 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 3661 AZUL ST.
SAN DIEGO CA. 92111
State (619) Telephone 292-1310 Zip Code _____

Work Order # E 5764
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 33163

Date: 12-16, 1976

From: Casper Peterson Address: 3661 W. 9th St. #111

Wife's monument and water Dollars (\$) 606.00

In full Payment of Water & monument

Lot 303 Grave 4 Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5764

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
 MAR 7 1986

ISSUED BY B. Davis

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>500.00</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

03-

NAME OF DECEDENT WALTER HAROLD PETERSON		SEX Male	DATE OF BIRTH 09-07-1902	DATE OF DEATH 02-03-1986
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 James J. Peterson (Son) 3661 Atlas Street San Diego, CA 92111	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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 Mt. Hope Cemetery San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 04 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 6 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ronald M.D.</i> ms
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

E5764

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-86

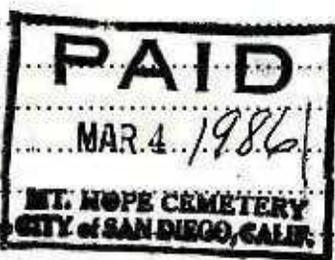
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sidney K. Starr
in a Bell Funeral, date, time Thurs. 3/6 1PM
Church, Chapel, Graveside 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 89 Grave 3 Row _____ Section 1 Division/Block 1

Grave space & Care Fund	.....	<u>Preneed</u>
Additional spaces and care fund	.....
Opening/Closing & Setup	.....
Burial Container	.....
Handling Fees	.....
Flower vases - Marker setting fee	.....
Recording and filing fee	.....	<u>3500</u>
Sales taxes	.....



Total Due 3500
 Paid receipt number 33159 3500
 Balance due 0

Called by Jerry

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 S. Shippy
 Signature 6811 Julian St.
 Address San Diego 92115
 City 465-8168 Telephone
 Exp. Code

Work Order # E 5765

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 33159

Date: 2-2-84, 1984

From: Sarah E. Simpson Address: P.O. Box 15-854, DC 9-115

part in and no 100 Dollars (\$ 35.00)

In 1984 Payment of Silney & Starr Service

Lot 89 Grave 3 Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-5765

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
MAR 7 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	<u>35.00</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>35.00</u>

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Sidney Keller Starr		SEX Male	DATE OF BIRTH April 2, 1897	DATE OF DEATH March 3, 1986
PLACE OF DEATH—CITY OR TOWN Spring Valley	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sarah S. Shippy - Conservator 6811 Julie Street San Diego, CA. 92115	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Cypress View/Bonham Brothers		CALIFORNIA LICENSE NUMBER 670		

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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	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 N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 N/A	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald E. Ramos, M.D.
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 \$3.00	DATE PERMIT ISSUED MAR 04 1986
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 6 1986 <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [Signature]

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

E5765

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/4/86

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

of Richard Chapman
 in a Wm Vault - Conura Vault/Liner Funeral, date, time 3/12 - Wed - 2 P.M.
 Church, Chapel, Graveside 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 To be in same grave as Tina 1970

Lot 3191 ³¹⁹³ Grave Row Section 1 Division 9

Grave space & Care Fund Buried - Burial 1970

Additional spaces and care fund None

Opening/Closing & Setup Burial in Daughter's grave 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee Special restrictions on

Recording and filing fee Marker - 35⁰⁰

Sales taxes Special Consent only 2.40

PAID Total Due 242.40

Paid receipt number 33161- 242.40

Balance due 0

I hereby certify I am the Wife & Mother of Decedent of the above named decedent and hereby authorize the disposition of remains as above indicated. I certify and represent that I am the sole authorized person to give such authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of such authorization and interment.

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

Signature of recorded holder of deed _____

Shirley Chapman
 Signature
1431 Walnut St
 Address
Spring Valley, Ca 92077
 City
461-6124
 Telephone Zip Code

Work Order # **E 5766**

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 33161

Date: March 5, 1986

From: Shirley Chapman Address: 1431 Walbollen - Rt. 92077

Two hundred forty-two and 40/100 Dollars (\$ 242.40)

In full Payment of burialment fee for Richard R. Chapman - no resident set - special marker bedding -

Lot 3191 to 93 Grave --- Row --- Section 1- Division Block 9-

Invoice No. ---

Acct. No. ---

W.O. E-5766

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
 MAR 7 1986

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT RICHARD RONALD CHAPMAN		SEX Male	DATE OF BIRTH Nov. 6, 1923	DATE OF DEATH March 3, 1986
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 Shirley Jean Chapman - Wife	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Conrad Lemon Grove Mortuary		CALIFORNIA LICENSE NUMBER F 941	1431 Walbollen Street Spring Valley, CA 92077	

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

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc. 14065 Old Hwy 80 El Cajon, CA	DATE CREMATED 3/10/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street -- San Diego, CA	COUNTY San Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 5 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 12 1986 (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.

E5766

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/4/86

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

of Henry Marshall Shelby, Sr.

in a Top Seal Vault Funeral, date, time 11:30 - Mon - 3/10

Church, Chapel, Graveside Delaney; Harrison-Road 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 Army Army-Cor-

✓ Lot 70 Grave 2 Row _____ Section 16 Division/Block 7

Grave space & Care Fund	<u>495.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320.00</u>
Burial Container <u>Top Seal Vault</u>	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	
Recording and filing fee <u>MAR 4 1986</u>	<u>35.00</u>
Sales taxes	<u>10.50</u>
<u>Setting base</u> <u>\$130.00</u>	
PAID <u>MT. HOPE CEMETERY</u> <u>CITY OF SAN DIEGO, CALIF.</u>	
Total Due	<u>1205.50</u>
Paid receipt number <u>33160</u>	<u>1205.50</u>
Balance due	<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

Hannelle Dean
Signature
2912 EL SEGUNDO BL.
Address
GARDENA CA 90249
City
213 324-1200
Telephone

We are to order bronze marker need display -

Work Order # E 5767

Invoice # _____
Acct. # _____

213
324-
1200

HENRIETTA DEAN
GEORGE DEAN
2912 EL SEGUNDO BLVD., #6
GARDENA, CA 90249

3/4 1980

1762
16-3065/1220

Pay to the order of MT HOPE LEMETARY \$ 1205.50

Twelve hundred five and 50/100 Dollars

 **MBC**
THE MITSUBISHI BANK OF CALIFORNIA
GARDENA OFFICE #83
1830 W. REDONDO BEACH BLVD.
GARDENA, CA 90247

For Internet Henrietta Dean

⑆ 22030657⑆ 1762 23 389 622⑈

Harrison Ross Mortuaries

ADMINISTRATIVE OFFICES
1839 FIRESTONE BOULEVARD, LOS ANGELES 90001
(213) 295-6601

WILLIAM H. SMITH

President

E5767

213
324-
1200

HENRIETTA DEAN
GEORGE DEAN
2912 EL SEGUNDO BLVD., #6
GARDENA, CA 90249

3/4 1986

1762
16-3065/1220

Pay to the order of MT HOPE LEMETARY \$ 1205.50

Twelve hundred five and 50/100 Dollars

 **MBC**
THE MITSUBISHI BANK OF CALIFORNIA
GARDENA OFFICE #85
1833 W. REDONDO BEACH BLVD.
GARDENA, CA 90247

For interest Henrietta Dean

⑆ 22030657⑆ 1762 23 389 622⑈

Money withdrawn from your DP



Harrison Ross
Mortuaries

- WEST 5315 W. ADAMS BLVD.
LOS ANGELES, CA 90018
- VIEW PARK 4601 S. CRENSHAW BLVD.
LOS ANGELES, CA 90043
- COMPTON 436 E. COMPTON BLVD.
LOS ANGELES, CA 90221

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 33160

Date: 3/4/86, 19

From: Henry the Dean Address: 2912 El Leguendo Ct #6 - San Diego 90249

In full Payment of Interment fees for Henry Marshall Shelby, Sr. - Dec. Dollars @ 1205⁵⁰

Lot 70 Grave 2-1 Row — Section 16 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-5767

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 5-85)

NEW BALANCE FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 MAR 7 1986

ISSUED BY

Leah...

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	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	60101 9020	10	50
TOTAL PAID		1205	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT HENRY M. SHELBY, Sr.		SEX MALE	DATE OF BIRTH JUNE 17, 1927	DATE OF DEATH MARCH 3, 1986
PLACE OF DEATH—CITY OR TOWN DUARTE		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) LOS ANGELES		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Henrietta D. Dean— Daughter 2912 El Segundo Blvd. Gardena, California 90249
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) HARRISON-ROSS MORTUARY		CALIFORNIA LICENSE NUMBER F.572		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 3651 MARKET STREET SAN DIEGO, CALIFORNIA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY NA
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED NA
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 05 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 10 1986 <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.

E5767

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Family
 wants a
 deed on Friday*

Date 3/5/86

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

of Eloisa Laya Castillo
 in a Bell Home Vault/Urns Funeral, date, time 3/7/Fri - 11:30 AM
 Church, Chapel, Graveside Man + S; Hempden 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 104 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund a single 250⁰⁰

Additional spaces and care fund 320⁰⁰

Opening/Closing & Setup 100⁰⁰

Burial Container 145⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

Total Due 856⁰⁰

Paid receipt number 33162 856⁰⁰

Balance due 0

PAID
 MAR 5 1986
 MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF.

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 _____

✓ Maria Consuelo Castillo
 Signature
 ✓ 159. W. Park
 Address
 ✓ California 92173
 State Zip Code
 ✓ Telephone _____

Work Order # E 5768

Invoice # _____

PR-593 (REV. 9-85)

Acct. # _____

#11248

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33162

Date: 3/5/86 19

From: Maria Castello Address: 159-W. Park 92072
 In full Payment of Interment fees for Maria Castello dec Dollars (\$ 856⁰⁰)
Flat marker required
 Lot _____ Grave _____ Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5768
 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
 MAR 7 1986

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184	50	00
90% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Survival Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 8020	6	00
TOTAL PAID		856	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT KLOISA LOYA CASTILLO		SEX Female	DATE OF BIRTH April 19, 1906	DATE OF DEATH March 03, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Maria Consuelo Loya 159 West Park #4 San Isidro, SA 92073
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Bumphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 06 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Cannon, M.D., J.C.</i>
	(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.

E5768

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-86

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

of Marilyn Mc Cormac
in a Bell Funeral, date, time Fri 3/7 11:30
Church, Chapel Graveside; Berge-Rita 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 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund (See WO E-5084) ⁷² 18 90.00

Additional spaces and care fund (\$250.00) _____

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 _____ 696.00

per
Frank Bitner
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.

Pub. Admin
Signature

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5769

Invoice # 040940

Acct. # 000 952

PY-893 (REV. 8-86)

- Cr. Claim -

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT MARILYN E. MCCORMIC	SEX Female	DATE OF BIRTH May 29, 1910	DATE OF DEATH March 1, 1986
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 Pre-Need Records 607 National City Blvd. National City, CA 92050	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BERGE-ROBERTS MORTUARY		CALIFORNIA LICENSE NUMBER F-284	

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 7 1986 (ENTER DATE)	DATE PERMIT ISSUED MAR 05 1986
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Cannon, M.D.
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

E5769

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/22/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33373

Date: 05-20, 19 86

From: County of S.D. Address: 5201-A Ruffin Rd SD 92173

Six hundred ninety six and no/100 Dollars (\$ 696.00)

In full Payment of Manly's McCormick Services

Lot 45 Grave 8 Row _____ Section 2 Division 11

Invoice No. 040940
 Acct. No. 000952
 W.O. E-5769
 Unpaid Balance after this Payment 0

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

SAN DIEGO CITY TREAS.
 MAY 21 '86
 PAID

CREDIT	67007	
20% Sales Tax	77184	
Graves Sales	100	
Graves Lots	77184	
Graves & Service Charges	100	
Graves	77181	
Graves Containers	100	
Graves	77182	
Accounting fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	

Pre-Need At Need On Acct
 Ck Cash

ISSUED BY: B. Lang

TOTAL PAID \$ 696.00

E 5769

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/22/86

DATE: 05/22/86
TIME: 134337
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT DRG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EO	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
037586	12/04/85	015193	E.F. HUTTON & CO. INC. 42585	9500		05/15/86	CK	23250	1,425.00 1,425.00	1,425.00	0.00 PAID IN FULL
040940	03/12/86	000952	COUNTY OF SAN DIEGO			05/20/86	CK	50332	696.00 320.00 100.00 180.00 76.00 6.00 16.00	696.00	0.00 PAID IN FULL
			100 072	77131					000072		
			100 072	77182					000072		
			100 072	77183					000072		
			100 072	77184					000072		
			60101	5020							
			67007	77184							

E = mt. 1/24/86

- MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/5/86

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

of Thomas L. Arz

in a Topland Vault Funeral, date, time Mon 3/10 2:30

Church, Chapel, Graveside Military Detail Memorial (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 WW2 - Navy.

✓ Lot 10 Grave 4 Row - Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre-need

Additional spaces and care fund Left 2 sp - in Lot 10 + 11 in one

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee G.I. Bronze 130.00

Recording and filing fee 35.00

Sales tax 10.50

PAID
 MAR 6 1986
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 840.50
 Paid receipt number 331644 840.50
 Balance due 0

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 _____

June Arz
 Signature
P.O. Box 468
 Address
Hellville, Ca 922
 State
619-356-1814 Zip Code
 Telephone

Work Order # E 5770
 PY-583 (REV. 8-85)

Invoice # _____
 Acct. # _____

MOUNT HOPE CEMETERY

2-21 19 85

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

Thomas Arz in Lot 10 Gr 4 Row _____ Sec. 1
Block _____

Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Thomas L. Arz

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Jane Arz

Witness

Barbara Lang

Witness

E5770

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33164

Date: 03-06, 1986

From: Gene Arny Address: 20504 4th St, Del Mar, Ca 92028

Eight hundred forty and 50/100 Dollars (\$ 840⁵⁰)

In 909 Payment of Thomas G. Arny Service

Lot 10 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5770

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
MAR 7 1986
 ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>200</u>
	77181	
Burial Containers	100	<u>175</u>
	77182	
Recording fees or misc. service fees	100	<u>335</u>
	77183	
Sales Tax	80101	<u>10</u>
	8020	<u>50</u>
TOTAL PAID		<u>840⁵⁰</u>

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT THOMAS LEROY ARY		SEX Male	DATE OF BIRTH 10-30-1907	DATE OF DEATH 03-04-1986
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 June Ary (Wife) P.O. Box 468 Holtville, CA 92250
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rusphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<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)

<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 Cemtery 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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 07 1986 SIGNATURE OF CALIFORNIA 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 _____		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Seayen [Signature]</i> DATE (ENTER DATE) MAR 10 1986

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

E5770

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case # 12257

Date 3-6-86

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

of Nicholas Reyes - Hernandez

in a _____ Funeral, date, time Fri 3/7 1:30

Church, Chapel, Graveside Drop off; 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 179 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund D.I.P. 55

Additional spaces and care fund 90

Opening/Closing & Setup Bottom

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145

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.

County of SD

Signature of recorded holder of deed _____

Signature# _____

Address _____

City _____ Zip Code _____

Telephone# _____

Work Order # E 5771

Invoice # 040941

Acct. # 000 952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Nicholas Reyes-Hernandez		SEX Male	DATE OF BIRTH Unknown	DATE OF DEATH Found May 27, 1985
PLACE OF DEATH—CITY OR TOWN Roman	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Muffin Road San Diego, CA. 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary		CALIFORNIA LICENSE NUMBER 1424		

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

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input checked="" type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 07 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 7 1986 (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.

E5771

440941 03/12/85 000952

B. E. - L.P.M.

COUNTY OF SAN DIEGO
100 072
100 072

(Add)

17181 000072
77184 000072

03/02/86 CK 609389

145.00
90.00
55.00

145.00

PAID IN FULL

E5771

0.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33338

Date: 05-08, 1986

From: County of SD Address: 5201-A Susan Rd

One hundred forty five and no/100 Dollars (\$ 145.00)

In full Payment of Nicklaus eyes - monument of serv.
Case # 012257

Lot 179 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. 040941

Acct. No. 000952

W.O. E-5771

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.

1986

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	
	8030	
TOTAL PAID		\$ <u>145.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-6-86

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

of Kathyrine M. Peterson

in a Bill Funeral, date, time Thu 3/7 2:30

Church/Chapel/Graveside Delaney Mortuary Conrad

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 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund E-2115 Proceed

Additional spaces and care fund _____

Opening/Closing & Setup _____

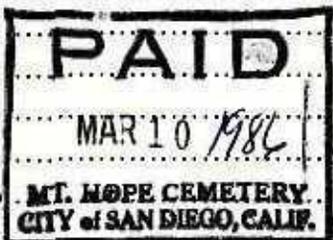
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



↓
95.00

*Called by
Gary Conrad*

Total Due 35.00
Paid receipt number 33178 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 _____ hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5772

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT KATHYRINE MARIE PETERSON		SEX Female	DATE OF BIRTH Aug. 7, 1914.	DATE OF DEATH March 5, 1986
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 Pre-need	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Conrad Lemon Grove Mortuary		CALIFORNIA LICENSE NUMBER F 941		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 Mount Hope Cemetery 3751 Market Street - San Diego, CA	DATE CREAMATED	SIGNATURE OF PERSON IN CHARGE OF CEMETERY	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A				
INTERMENT AFTER CREMATION	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	<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 N/A				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 7 1986	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		MAR 7 1986 (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.

E5772

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33178

Date: 03-10, 1986

From: Conrad Mortuary Address: 7387 Broadway, S. Pa 92015

In cash Payment of Katharine Peterson arrived
 Dollars (\$ 35.00)

Lot 44 Grave 1 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5772

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
 MAR 12 1986

ISSUED BY P. Long

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	<u>35.00</u>
Sales Tax	80101	
	9020	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-06-86

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

of Edward Albert Targo

in a Casket Vault/Cher Funeral, date, time 3/11

Church, Chapel, Graveside Upon delivery 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 10 Row _____ Section 5 Division/Block 3

Grave space & Care Fund Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

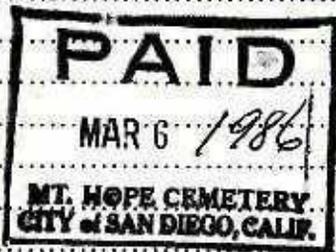
Burial Container 40.00

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 33165 242.40

Remains in back!

FT of grave

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.

See attached
Signature _____

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5773

Invoice # _____

Acct. # _____

Jul. 28, 1986

Mrs. Edward A. Fargo
68 Seaview Drive
Santa Barbara, California 93108

Dear Mr. Stetter -

I have spoken to Mr. Roger Cetry at Welch - Cetry - Estate of Santa Barbara. He will send the ashes of Mr. Fargo to you for burial in Division 3, Section 5, grave 10. I am enclosed my check for \$242.40 as per your instructions.

I shall contact Mr. Deaman next week concerning a headstone matching the other in the plot and ask him about regarding the small monument on the right.

Very sincerely,

Edward A. Fargo

P.S.

Will you kindly reserve grave # 9 for my remains.

E5773

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33165

(93108) Date: 12-06, 1986

From: Janet K. Trigo Address: 61 Seaward Dr. Santa Barbara

Two hundred and two and 40/100 Dollars (\$ 242.40)

In full Payment of Edward A. Trigo, Jr. services

Lot 1 Grave 10 Row Section 5 Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-5773

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
 MAR 7 1986

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	165.00
	77181	
Burial Containers	100	46.00
	77182	
Recording fees or misc. service fees	100	60.00
	77183	
Sales Tax	80101	35.00
	8020	
TOTAL PAID	0	342.40

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Edward Albert Fargo, Jr.		SEX Male	DATE OF BIRTH 10/10/1899	DATE OF DEATH 2/11/1986
PLACE OF DEATH—CITY OR TOWN Santa Barbara	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Santa Barbara	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Janet K. Fargo - Wife 68 Seaview Drive Santa Barbara, CA 93108		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Welch-Ryce-Haider Funeral Chapels		CALIFORNIA LICENSE NUMBER 303		

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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 n/a		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Welch-Ryce-Haider Crematory 450 Ward Drive, Santa Barbara, CA	DATE CREMATED 2/14/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY James E Parsons
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California	COUNTY San Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	<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 n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED 2/28/86
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 11 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Lourence
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/03/86

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 _____ 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 February 1986 \$1,160

Recording and filing fee

Sales taxes

Total Due \$1,160.

Paid receipt number _____

Per Attached _____ 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 Mon. Co.

Signature _____

P.O. Box 94

Address _____

San Diego, CA 92112

Size _____ Zip Code _____

Resale # FH-25603192

Telephone _____

Invoice # 040936

Acct. # 004821

Work Order # E 5774

PR-583 (REV. 9-85)

01/24/86	\$125.	2xl	Cooper .D.
02/04/86	125.	2xl	Fullylove R.L.
"	125.	2xl	Gelin P.
"	125.	2xl	Smith, E.
"	125.	2xl	Miller W.A.
02/11/86	125.	2xl	Aranda, C/
"	125.	2xl	Marcotte, S.
02/12/86	160	Fndn	Pritchard F.
02/20/86	<u>125.</u>	2xl	Hawkins, C.

Total \$ 1160.

040936 03/12/86 00821 CONTI AND SON MEMORIAL CO 03/28/86 CK 5542
100 072 77183 000072

1.160.00
1.160.00

1.160.00

0.00
PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,365.50

E-5774

E5774

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/03/86

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 _____ 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 February 1986 \$125.

Recording and filing fee

Sales taxes

Total Due \$125.

2/18/86

2x1 Lee, Szeto To
\$125.

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 Resale # F-91479 Zip Code

Telephone _____

Invoice # 040934

Acct. # 006490

Work Order # E 5775
PY-583 (REV. 8-85)

E5775

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/17/86

DATE: 04/17/86
TIME: 222125
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	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
040934	03/12/86	006490	CLEMENS GRANITE COMPANY	100	072		77183	000072	04/14/86	CK	13361	125.00 125.00	125.00	0.00 PAID IN FULL

E-5775

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 33270

Date: 04-14, 1986

From: Clemens Granite Address: 10527 Prospect Santa Fe
One hundred twenty five and no/100 Dollars (\$ 125.00)
 In cash Payment of 4 floruary, 86 marker install

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 040930
 Acct. No. 006490
 W.O. E-5775
 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 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	
	9000	
TOTAL PAID		<u>125.00</u>

Pre-Need At Need On Acct.
 Ck Cash

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/03/86

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 Month of February 1986 \$945.00

Recording and filing fee

Sales taxes

Total Due \$945.00

See attached

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 Mon. Co.

Signature
3893 Imperial Ave.

Address
San Diego, CA 92113

State
Resale #F-40258 Zip Code

Telephone

Invoice # 040935

Acct. # 000253

Work Order # **E 5776**
PY-583 (REV. 8-85)

2/01/86	\$160.	2x1	Fndn	-	Cox Margaret
"	160.	3x1	"		Sata, Tsutaye & N.
2/10/86	125.	2x1			Hartsuyker, G.
"	125.	2x1			Johnson, C.M
"	125.	2x1			Pearson, E.
2/25	125.	2x1			Romero, P.
"	<u>125</u>	2x1			Romero, C.

\$ 945.

by
FOX RIVER

VALLEY HALL

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

4/7/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33229

Date: 3-31, 1986

From: Herman Pae Address: 3893 Imperial St, Ca 92113

Five hundred forty five and no/100 - Dollars (\$ 945.00)

In full Payment of marker installation for
February 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 140935

Acct. No. 111253

W.O. E-5776

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-86)

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

1986

ISSUED BY B. Dang

CREDIT	87007	
30% Sales Tax	77184	
50% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77183	
Recording fees or inst. service fees	100	
	77183	
State Tax	80101	
	9030	
TOTAL PAID		<u>945.00</u>

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-86

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

of Gerald W. Admondson

in a Funeral Funeral, date, time 10:30 - 3/11

Church, Chapel, Graveside Delivery; Berge Rhts 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 179 Grave 11 Row _____ Section 1 Division 12

Grave space & Care Fund - on Top - 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container _____

Handling Fees 75.00

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 450.00

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.

County of SD
Signature PA Case

Address _____

State _____ Zip Code _____

Telephone _____

Signatures of recorded holder of deed _____

Invoice # 040942

Acct. # 000952

Work Order # E 5777

CV-583 (REV. 8-85)

Cr. Claim

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT GERALD W. EDMONDSON		SEX Male	DATE OF BIRTH DEC. 2, 1908	DATE OF DEATH March 5, 1986
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT S.D. Public Adm. Office 5201-A Ruffin Road San Diego, CA 92123
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BERGE-ROBERTS MORTUARY			CALIFORNIA LICENSE NUMBER F-284	

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 07 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cannon, M.D./M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 11 1986 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Coyullette

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

No 34306



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3181

Date: 03-13, 1987

From: County of S.D. Address: 5211-A Rubbin Rd - 1179-1-3

Town numbered eighty six and 24/100 - Dollars (\$ 486²⁴)

In full Payment of Donald W. Admonson, trustee

Lot 179 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. 040942

Acct. No. 000952

W.O. E 5777

BALANCE DUE 486²⁴

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.

CITY AUDITOR
MAR 23 1987

ISSUED BY B. Lang

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>486²⁴</u>

ACR02U PSWD: INVOICE DATA ENTRY FG 1
ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 040942 INV DATE: 03 12 86

NAME: COUNTY OF SAN DIEGO

1) PUBLIC ADMINISTRATOR

2) 5201-A RUFFIN RD

3)

4)

CITY: SAN DIEGO

ST: CA

ZIP: 92123

COUNTRY: -----

DEPT: 072

CONTACT: BARBARA LANG

PHONE: 619 264 3151

REFER NO: E-5777

DAYS DUE: 030

INV TYPE: GE

TYPE CHG: --

NOTICES: Y

TREAS-REF: Y

ENCLOSURES: Y

PD COVERED: R

EXCEPT CODE: -

ACCRUAL CODE: -

TIME PAYM CODE: -

STD DESC CODE: -

INVOICE TOTAL: 450.00

450.00

DESCRIPTION OF CHARGE

AMOUNT

GERALD W. EDMONDSON SERVICE

LOT 179 GR 11 SEC 1 DIVN 12

OPENING/CLOSING

HANDLING FEES

55.00

320.00

75.00

*Creditors
Claim*

PAID

MAR 13 1987

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

\$36.24 interest

*Apply
to 100/072/
77183*

TOTAL DUE

450.00

LATE CHARGE #1 - DAYS DUE: ---

AMOUNT: -----

AND/OR PCT CODE: ---

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E5777

*Received
\$486.24*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Public Administrator County of San Diego 5201-A Ruffin Rd. San Diego, CA 92123		TELEPHONE NO.:	FOR COURT USE ONLY	
ATTORNEY FOR (Name): 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): Gerald W. Edmondson		Presented to court for approval: _____ (date) (Deputy)		
DECEDENT		CASE NUMBER:		
CREDITOR'S CLAIM*				

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

- Total amount of the claim: \$ 450.00 + 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
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: 03/06/1986

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)

11. Approved for: \$

Rejected for: \$

Date:

SIGNATURE OF JUDGE COMMISSIONER

12. Number of pages attached:

Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

ESTATE OF (NAME):

Gerald W. Edmondson

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
03/11/86	Gerald W. Edmondson service Lot 179, Grave 11, Secion 1, Division 12 Opening/Closing Handling Fee	\$ 55.00 320.00 <u>75.00</u>
	Total	\$ 450.00
<p><u>NOTICE</u></p> <p>State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "Costs of funeral services, together with interest thereon from 60 days after date of death, shall be considered as part of the funeral expenses."</p> <p>Monthly interest in the amount of <u>4.50</u> will be added starting <u>6/11/86</u></p>		
TOTAL		\$ 450.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-06-86

Preneed lot for

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

x Don Nemcik

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 139 Grave 4 Row _____ Section 3 Division Block 12

Grave space & Care Fund 395⁰⁰

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Rec'd 1/15/88

3-6-86 Total Due 395⁰⁰
Paid receipt number 33168 ✓ 25⁰⁰
Balance due 370⁰⁰
(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.

See attached
Signature _____
Address PO Box 5648
F.C.V. Ca 92012
State _____ Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

*20 @ \$15⁰⁰
1 @ \$20⁰⁰*

Work Order # E 5778

Invoice # _____

Acct. # _____

Payment book sent 12/18/86

5-7-86 33333 ✓

\$370.00
25.00

345.00

9-4-86 33700 ✓

25.00

320.00

32.00

02-10-87 34188 ✓

288.00

64.00

05-05-87 34524 ✓

224.00

NSF 34524 +

64.00

\$288.00

6/17/87
Comm NSF 3470F

64.00

224.00

6-18-87 34717

30.00

194.00

7-31-87 34868

32.00

\$162.00

11-10-87 35281

32.00

130.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33168

Date: 03-06, 1986

From: Don Nemcik Address: PO Box 5648 V. Ca 92112
Twenty five and no/100 Dollars (\$ 25.00)
 In out Payment of Pre-need Cat

Lot 129 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5978
 Unpaid Balance after this Payment \$370.00

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

CITY AUDITOR
 MAR 7 1986

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>25.00</u>
	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>\$ 25.00</u>

Pre-Need At Need On Acct
 Ck Cash

ISSUED BY B. [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

009949

No 33333

Date: 05-07 1986

From: Don Hemrick Address: Pl. Box 5648, P.O. Box 92112
Twenty five and no/100 Dollars (\$ 25.00)
 In part Payment of Property Tax

Lot 139 Grave 4 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5778Unpaid Balance after this Payment \$345.00Pre-Need At Need On Acct. Ck Cash

AC-212 (Rev. 3-85)

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

CITY AUDITOR
 MAY 12 1986

ISSUED BY

B. Lang

CREDIT	67007	
20% Saise Care	77184	
80% Sales of Lots	100	<u>25.00</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>25.00</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 33700

Date: 09-04, 1986

From: Don Namick Address: Pd Box 5648 C.V. Da. 92012

Twenty five and no/100 Dollars (\$ 25⁰⁰)

In part Payment of Preneed lot

Lot 139 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5778

Unpaid Balance after this Payment \$320⁰⁰

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

SEP 05 1986 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Loss	100	<u>25</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		
8020			
TOTAL PAID		<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

No 34188



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

264-3151

(92012) Date: 02-10, 19 87

From: Dr. Don Nemeck, Ph.D. Address: P.O. Box 5648, Chula Vista, Ca

Thirt, two and no/100 Dollars (\$ 32⁰⁰)

In part Payment of Preneed lot

Lot 139 Grave 4 Row _____ Section 3 Division Block 12

Invoice No _____

Acct. No _____

W.O. E. 5778

BALANCE DUE \$288⁰⁰

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	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>32 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>32 00</u>

OFFICIAL RECEIPT

No 34524



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

Date: 05-05, 1987

From: Dr. Don Nemcik Address: PO Box 5648, C.V. Ca 92012
sixty four and no/100 Dollars (\$ 64.00)
In part Payment of Preneed lot

Lot 139 Grave 4 Row _____ Section 3 Division 12
Block _____

Invoice No. _____
Acct. No. _____
W.O. E 5778
BALANCE DUE \$224.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>64.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8032	
	80101	
	78380	
TOTAL PAID	\$	<u>64.00</u>

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

ISSUED BY B. Long

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5778

Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012

Month and Day Due Indicated Below

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

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

10th

▶ \$ 15.00

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

▶ \$ 1.00

\$ 16.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5778

Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012

Month and Day Due Indicated Below

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

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

10th

▶ \$ 15.00

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

▶ \$ 1.00

\$ 16.00

Amount Received \$ _____

STATE _____ ZIP _____

this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5778**

**Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012**

Month and Day Due Indicated Below

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

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

10th

\$ **15.00**

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

\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5788**

**Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012**

Month and Day Due Indicated Below

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

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

10th

\$ **15.00**

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

\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34704



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

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

Date: 6-17, 1987

From: Mr. Don Henrick Address: _____

In Sixty four 00/ Dollars (\$ 64.00)
 Payment of NSF check on Credit Lot Sales

Lot 139 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5778

BALANCE DUE 284-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-86)

117

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>64-</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	76380	
TOTAL PAID	\$	<u>64-</u>

dog

OFFICIAL RECEIPT

No 34717

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



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

Date: 6-8, 1987

From: Dr. Don Nemcick Address: P.O. Box 5648 Vista
County 001

In Payment of Auger # 546 Credit Lot Dollars (\$ 30 -)

Lot 139 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.D. E-5778

BALANCE DUE 194

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-66)

124

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

ISSUED BY Lady Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>30</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77183		
Recording & Misc. Fees	77183		
Pre-Need Trust	6022		
Sales Tax	60101		
	78360		
TOTAL PAID	\$	<u>30</u>	<u>-</u>

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Dr. Don Nemik, PH.D
PO Box 5648
Chula Vista, CA 92012

Month and Day Due Indicated Below

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

15.00

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



\$ _____

1.00

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



\$ _____

15.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012

Month and Day Due Indicated Below

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

15.00

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



\$ _____

1.00

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



\$ _____

15.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

E5778

OFFICIAL RECEIPT

No 34868

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: D. D. Menick Address: PO Box 5648, Upland, CA Date: 19
thirty-two Dollars (\$ 32.00)
In Payment of Coupon 7 & 8, Credit Lot
Lot 139 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-5778
BALANCE DUE \$162.00

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

AC-212 (Rev. 11-58)

259

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

ISSUED BY Jerry Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>32 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>32 00</u>

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

8

DO NOT MAIL ENTIRE BOOK -

ACCOUNT No.

Dr. Don Nemcik, PH.D
PO Box 5648
Chula Vista, CA 92012

Month and Day Due Indicated Below

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

15.00

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



\$ _____

1.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Dr. Don Nencik, PH.D
PO Box 5648
Chula Vista, CA 92012**

Month and Day Due Indicated Below

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

15.00

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



\$ _____

1.00

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



\$ _____

15.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

TY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 35281



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 11-10, 1987

From: DR. DONALD NEMCIK PH.D. Address: P.O. BOX 5648 CHULA VISTA, CA. 92012

Thirty Two Dollars Dollars (\$ 32.00)

In part Payment of Prepaid lot

Lot 139 Grave 4 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5778

BALANCE DUE 130.00

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

AC-212 (Rev. 11-88)

287

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

ISSUED BY Bruce Morrison

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>32.00</u>
Opening/Closing	77181	
Burial Containers	700	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>32 00</u>

OFFICIAL RECEIPT

No 35730



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

From: Don Kemick Address: P.O. Box 5698, Chula Vista Date: 2-17, 1988
twelve dollars zero Dollars (\$ 20.00)
 In Payment of Casket set

Lot 139 Grave 4 Row _____ Section 3 Division 12 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5778
 BALANCE DUE 110.00

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 23 1988

ISSUED BY [Signature]

CREDIT	57007		
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		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	8022		
Sales Tax	60101		
	78360		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT

No 36705

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



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 4-11, 1988

From: Dr. Donald Yement Address: P.O. Box 5648

In: thirty-two Dollars (\$ 32.00)
Payment of Credit set

Lot: 139 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5778

BALANCE DUE 78.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

461

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE
CITY AUDITOR
APR 14 1988
ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>31 00</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>32 00</u>

OFFICIAL RECEIPT

No 36118



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

From: Mr. Komic Address: P.O. Box 3648, Chula Vista Date: 5-5 1988

Severance - cement repair Dollars (\$ 78.00)

In Payment of credit acct

Lot 139 Grave 4 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5778

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 11 1988

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	<u>78.00</u>
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	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>78.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-01-86

*For Hill
Th - 11 AM*

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

of Lester Hill
in a Bell Vault/Line Funeral, date, time, THURS 3/13 11 AM
Church, Chapel, Graveside _____; Rapidele 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 _____

24-12

Lot 44 Grave 12 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>1.00</u>
Total Due	<u>856.00</u>
Balance due	<u>0</u>

*Mortuary
to bring
check*

*Called by
Novella*

PAID
Paid receipt number 33188
MAR 12 1986

I hereby certify I am the _____ of the above named decedent and this is your authorization as above indicated. I certify and represent that I have the right to make this authorization and 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 5779**

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 33188

Date: 03-12, 1986

From Anderson-Ragdale Address: 5050 Federal Blvd # 9-102

Eight hundred fifty six and no/100 Dollars (\$ 856⁰⁰)

In full Payment of Water Bill service

Lot 44 Grave 12 Row 1 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5779

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 9-85)

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

CITY AUDITOR
 MAR 17 1986
 536200
 03/12/86

ISSUED BY P. Wang

CREDIT	67007	
20% Sales Tax	77184	50 00
80% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	300 00
Burial Containers	100 77182	100 00
Recording fees or misc. service fees	100 77183	100 00
Sales Tax	80101 9020	10 00
TOTAL PAID		856 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT LESTER HILL		SEX MALE	DATE OF BIRTH 1/15/16	DATE OF DEATH 3/5/86
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mary Easter-Daughter 4365 W. Street San Diego, California 92113		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 3751 Market St.: San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 10 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 13 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i> 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/18/86

Pre-need
Husband in April

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

of Juanita E. Bladsoe - wife of J.E.

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 No

Lot 150 Grave 12 Row _____ Section 1 Division 12

Grave space & Care Fund _____ 495.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Bob Bladsoe
6/20/86
4-29-86

PAID
APR 29 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 495.00

Paid receipt number 33196 50.00

33316 Balance due 445.00
445.00

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 _____

Sonita Pierce
Signature
> 1030 Woodrow Ave.
Address
San Diego 92114
City
619-464-8698(*) 235-7825(w)
Zip Code Telephone

Work Order # E 5780

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

#11266

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33196

Date: 3/18/86 19

From: Jonita Pierce Address: 1030 Woodrow - SD 92114

In Partial Payment of Deposit for - grave for Dollars (\$ 50.00)

Jonita E. Bladner

Lot 150 Grave 12 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5780

Unpaid Balance after this Payment 445.00

Pre-Need At Need On Acct

Ck Cash

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 AUDITOR
 MAR 24 1986
 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	50.00
	77184	
Openings & Service Charges	100	
	77181	
Funeral Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	60101	
	9020	
TOTAL PAID		50.00

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 33316

Date: 4-29, 1986

From: Janita Blabon Address: 1030 #7 Woodrow Ave, CA 92114
Mount Hope Cemetery San Diego, CA Dollars (\$ 445.00)
 In Bill Payment of Final bill

Lot 750 Grave 10 Row _____ Section 1 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5780

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.

1986

ISSUED BY B. Yang

CREDIT	67007	
20% Sales Com	77184	99.00
80% Sales of Lots	100	346.00
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	60101	
	9080	
TOTAL PAID		445.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-07-86

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

of _____

in a Asn _____ Funeral, date, time _____
Vault/Urner

Church, Chapel, Graveside _____; Funer _____ 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 19 Row 12 Section 3 Division 2

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 _____

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 #

Acct. #

Work Order # E 5781

PY-593 (REV. 8-85)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/7/86

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

of De Roy Leslie Coker

in a urn vault Funeral, date, time 1PM - 3/10 - MON

Church, Chapel, Graveside Graveside; Telephone _____ 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 6 Grave 3 Row - Section 1 Division/Block 4

Grave space & Care Fund Per - Husband _____

Additional space and care fund (3) _____

Opening/Closing & Setup _____ 105.00

Burial Container MAR 7 1986 _____ 40.00

Headstone _____ 60.00

Flat marker area _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.40

Total Due _____ 242.40

Paid receipt number 33175 _____ 242.40

Balance due _____ 0

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

I hereby authorize the interment in lot I hold under deed.
Danna Ramiscal
 Signature of recorded holder of deed

Danna Ramiscal
 Signature
4210 40th St
 Address
San Diego ca
 City
2825103
 Telephone Zip Code

Work Order # E 5782

Invoice # _____
 Acct. # _____

Headstone of grave

PAID
 MAR 7 1986
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

22488

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT LeRoy Leslie Aker		SEX Male	DATE OF BIRTH 9-22-1918	DATE OF DEATH 3-4-1986
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 Preneed Telophase: 2148 B st. #102 San Diego, CA. 92102
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Telophase Society		CALIFORNIA LICENSE NUMBER F-1272		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY N/A
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cremar Crematory - Anaheim, CA.	DATE CREMATED 3/6/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market St. San Diego		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT PRENEED TELOPHASE: <i>[Signature]</i>
		DATE SIGNED 05/05/86 <i>[Signature]</i>

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 15 1986	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		MAR 10 1986 (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

E5782

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33175

Date: 3/7/86, 19

From: Debra Hidenal Address: 1052 DeMar Ave #4 - V/A 92011

In full Payment of Interment fees for 1st & 2nd - see 2 Dollars (\$ 242⁴⁰)

Lot 6 Grave 3 Row 1 Section 1 Division Block 4

Invoice No.

Acct. No.

W.O. E 5782

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 12 1986

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Loss	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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/7/86

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

of Carl Carlsson

in a Columbarium Vault/Line Funeral, date, time 9 AM - 3/10 - Mon

Church, Chapel, Graveside Winters Mortuary. Paris

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 12 Row 12 Section 3 Division/Block 2

Grave space & Care Fund olie span Per med

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAR 10 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

105.⁰⁰
40.⁰⁰
60.⁰⁰
35.⁰⁰
2.40

Total Due 242.40

Paid receipt number 33176 24240

Balance due 0

Called by Mortuary

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.

Valerie Carlsson
Signature of recorded holder of deed

Valerie Carlsson
Signature
7584 Genette Dr.
Address
San Diego CA 92119
City State Zip Code
460-7729
Telephone

Work Order # E 5783
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____



E5783

Carl Arthur Carlsen
October 5th, 1927
March 1st, 1986

58197
E5783

To Everything There Is A Season, And A Time
To Every Purpose; Under The Heaven;

*A Time To Be Born, And A Time To Die; A
Time To Plant, And A Time To Pluck Up
That Which Is Planted;*

*A Time To Weep, And A Time To Laugh; A
Time To Mourn, And A Time To Dance;*

Ecclesiastes 3:1, 3:2, 3:4

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Carl Arthur Carlson		SEX Male	DATE OF BIRTH Oct. 5, 1927	DATE OF DEATH March 1, 1986
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 Valerie T. Carlson - Wife 7584 Jennite Drive San Diego, Ca. 92119
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Paris-Frederick Mortuary		CALIFORNIA LICENSE NUMBER 795		

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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 N/A	COUNTY	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory - San Diego, Ca.	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, Ca.	COUNTY San Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 7 - 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 10 1986 <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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33176

Date: 03-10, 1986

From: Louie Ordal Address: 468 Maximin - C.V. Ca 92011

Two hundred forty two and 40/100 Dollars (\$ 242.40)

In full Payment of Part balance

Lot _____ Grave 19 Row 12 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5783

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
MAR 12 1986
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lot	100	
	77184	
Openings & Service Charges	100	105 00
	77181	
Burial Containers	100	40 00
	77182	
Recording fees or misc. service fees	100	860 00
	77183	
Sales Tax	60101	35 00
	8020	2 40
TOTAL PAID		242 40

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/10/86

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

of David L. Smith II

in a Bellini Vault/Liner Funeral, date, time 2 P.M. 3/10 / now

Church, Chapel, Graveside Church & Sts; 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 790 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Donated - Per Will

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

PAID
 MAR 10
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

*Bill [unclear]
 Paid by Check
 O.K. [unclear]*

Total Due 606⁰⁰

Paid receipt number 33177 606⁰⁰

Balance due 0

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

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

X Hadden V. Flowers
 Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5784
 PY-583 (REV 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT DAVID LAWRENCE SMITH II		SEX Male	DATE OF BIRTH Dec. 13, 1966	DATE OF DEATH Mar. 3, 1986
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 Dorothy Y. Hansen - Mother 5265 Naranja Street Apt. 4 San Diego, California 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 Mt. Hope Cemetery: 3751 Market Street; San Diego, Calif	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	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 N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 N/A	AMOUNT OF FEE PAID 3.00
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 MAR 7 1986
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 10 1986 <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.

E5784

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33177

Date: 3/10/86

From: Southpoint Property Co. Inc. 2108 E. Euclid St. #D/92114 Address:

In full Payment of Interment fees for David Smith II Dollars (\$ 606⁰⁰)

Lot 790 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5784

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

594

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

CITY AUDITOR
 MAR 12 1986

ISSUED BY

[Signature]

CREDIT	#7007	
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

Date 3/10/86

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

of Mark Smeed

in a Bellini Vault/Liner Funeral, date, time Thur - 1 PM - 3/13

Church, Chapel, Graveside Chapel + 25. ; 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 WW2 - Navy.

Lot 18 Grave 9 Row - Section 2 Division/Block 11

Grave space & Care Fund 250⁰⁰

Additional spaces and care fund 320⁰⁰

Opening/Closing & Setup 100⁰⁰

Burial Container 145⁰⁰

Handling Fees 35⁰⁰

Flower vases - Marker setting fee 6⁰⁰

Recording and filing fee 886⁰⁰

Sales taxes 6⁰⁰

PAID
MAR 10 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 856⁰⁰

Paid receipt number 33180 856⁰⁰

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

Jala Smeed
Signature
1833 Julian Ave.
Address
San Diego, Ca. 92113
State
619-234-1755 Zip Code
Telephone

Work Order # E 5785

PY-693 (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 33180

Date: 03-10-86, 19

From: M.M. Sweed Address: 1832 Gulean Ave San Diego 92111

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

In full Payment of Final Sweed service

Lot _____ Grave _____ Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5785

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.

CITY AUDITOR
 MAR 12 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	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 HACK "M" SWEED		SEX Male	DATE OF BIRTH July 1, 1919	DATE OF DEATH Found March 7, 1986
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 Lola M. Sweed - Wife 1832 Julian Ave. San Diego, CA 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 11 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 13 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Arnold L. Ramos, M.D.M.M.</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.

E5785

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-10-86

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

of Willetta Lloyd
in a from Greenwood Funeral, date, time 3/12-12 Noon
Church, Chapel, Graveside Montecello Chapel & S.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 _____

✓ Lot 117 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing & Setup

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 205.00

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 _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 041605

Acct. # 016380

Work Order # E 5786

PY-593 (REV. 8-85)

Bill Greenwood

*Called by
John N.
Greenwood*

*Promised by 4 P.M.
under Portals Chapel - 12:30*

E5786

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/25/86

DATE: 04/25/86
TIME: 235401
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	PU BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
041605	04/03/86	016380	GREENWOOD MORTUARY & CEMETERY 100 072		77183	000072	04/22/86	CK	02049	205.00 205.00	205.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 205.00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Willetta Lloyd		SEX Female	DATE OF BIRTH Dec. 10, 1886	DATE OF DEATH March 10, 1986
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Joan Johnson-Daughter 411 Las Flores Terrace San Diego, California 92114
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)

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 Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>Joan Johnson</i> DATE SIGNED 3-11-86
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 11 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 12 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald S. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joan Johnson</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.

E5786

MT. HOPE CEMETERY
INTERMENT ORDER

DIP-83

City of San Diego

Date 3/10/86

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

of Patricia Ann Sproul -

in a Top Seal Vault Funeral, date, time Wed - 2 P.M. 3/12

Church, Chapel, Graveside Chapel - S.S. - Regadale 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 152 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Per head

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 170.00

Handling Fee 175.00

Flower cases - Marker setting fee _____

Recording and Married 0.1986 35.00

Sales taxes 10.50

Total Due 710.50

Paid receipt number 33181 710.50

Balance due 0

PAID
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Next of kin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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.

Alice M. Smith
Signature
7490 Miraviva Dr
Address
California 92114
State
264-7173
Telephone

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # E 5787
PY-583 (REV. 8-85)

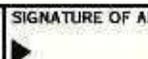
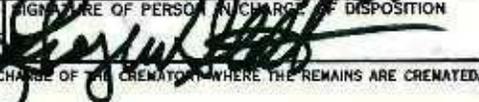
PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT PATRICIA ANN STROUD		SEX Female	DATE OF BIRTH March 30, 1962	DATE OF DEATH March 5, 1986
PLACE OF DEATH—CITY OR TOWN San Pedro		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Beverly Ann Stroud-MoJher 10459 Artesia Blvd. No. 38C Bellflower, CA 90706
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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: 3751 Market St.: San Diego, CA	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 10 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 12 1986 (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.

E5788

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33181

Date: 3/10/86, 1986

From: Alice M. Smith Address: 7490 Menéndez
Seven Hundred Ten ⁵⁰/₁₀₀ Dollars (\$ 710⁵⁰)
 In full Payment of Interment Fee for Petecypian Street - die

Lot 152 Grave 6 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5781
 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
 MAR 12 1986

ISSUED BY

CREDIT	67007	
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	90101	10 50
	9020	
TOTAL PAID		710 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Per need

Husband & wife

Date 3/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esperanza - Alfredo - Munoz / Alfredo Jr. (son)

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; 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 123 Grave 445 Row _____ Section 2/8 Division/Block 11

Grave space & Care Fund -2sp- 600.00

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 600.00

Paid receipt number 33183 ✓ 25.00

Balance due 575.00

3/10/86

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.

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

Signature of recorded holder of deed _____

Esperanza Munoz
Signature
 614255 D Central Rd
Address
 MTN. HOME AFB ID 83648
State
(208) 832-2218 Zip Code
Telephone

Work Order # E 5788
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

\$25.00 mo. ~~300^{oc}~~
24 mo

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33183

Date: 3/10/86, 19

From: Espenanza Harrison Address: MT. Home AFB - Adabo - 82648

Twentyfive Dollars (\$ 25.00)

In Deposit Payment of 2 Interment grave sight -
One single & one double deep -

Lot 123 Grave 445 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5788

Unpaid Balance after this Payment 575⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 6-86)

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

CITY AUDITOR
 MAR 14 1986

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>25.00</u>
	77184	
Drawings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>25.00</u>

Pre-need
 received
 2.24.86. cont

NAME Munoz, Esperanza & Alfredo

ACCT. NO. E-5788

ADDRESS 4255 "D: Central Road, Mtn. Home A.F.B., Id 83648

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Mar 10 86	Lot 123, Grave 4 & 5, Section 2, Division 11	600 00		25 00	575 00
<p><i>Hope Vanisa called 9-28-89 9:50</i> <i>said her father had selected</i> <i>brother grave site and they</i> <i>were no longer interested</i></p>					

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/10/86

Pre-need

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

of Esperanza Munoz

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

Church, Chapel, Graveside _____; Louis' Colonial - Bamba 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 123 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting fee —

Recording and filing fee 35⁰⁰

Sales taxes 19.80

See over Total Due ~~33~~ 1024.80

Paid receipt number 33182V 85.00

Balance due 999.80

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 _____

Signature Esperanza Munoz

Address

4255 D Central Rd

State

Mt. Home N.E.S. ID 83648

Telephone

(208) 832-2218 Zip Code

Work Order #

E 5789

PY-883 (REV. 8-85)

Invoice # _____

Acct. # _____

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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-11-86

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

of Robert B. Berry

in a ask Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Delivery: Neptune 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 4332 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Prepaid

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 2.40

Total Due 242.40

*Called by
Robert H. Berry*

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

Void

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5790

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Yasui & Midori Fujino

Date 03-11-86

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

+ the need lots (2)

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 _____

✓ 5278 Lot 5279 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 2 @ \$695⁰⁰ 1390⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

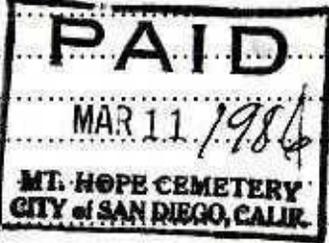
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



Total Due 1390⁰⁰

Paid receipt number 33185 1390⁰⁰

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 _____

Midori Fujino
Signature
345 Moss St
Address
Chula Vista ca
City
420-6345
Telephone
Zip Code

Work Order # E 5791

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

#11249, 11250

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33185

Date: 03-11, 1986

From: Yanni Fujino Address: 345 Mount St O.V. Ca 92111

In full Payment of (2) Preneed lots Dollars (\$ 1390.00)

Lot 578 & 579 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5791

Unpaid Balance after this Payment 0

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
 MAR 12 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>278.00</u>
80% Sales of Lots	100	<u>1112.00</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>1390.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/11/86

Pre-need
for herself

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

of Jannie W. Green

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 No

Lot 17 Grave 3 Row _____ Section 17 Division/_____ 7

Grave space & Care Fund - Single Grave - 495⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

} not
arranged
for

PAID
MAR 11 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 495⁰⁰

Paid receipt number 33187 495⁰⁰

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 _____

Jannie W. Green
Signature 4104 Franklin Ave
Address San Diego, Ca 92112
State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 5792

PY-593 (REV. 9-85)

#11252

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

Pre-need

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

No. 33187

Date: 3/11/86, 1986

From: Jamie W Green Address: 4104 Franklin St. 92113

In full Payment of single grave space for herself Dollars (\$ 495.00)
no service fees paid

Lot 17 Grave 3 Row — Section 17 Division 7

Invoice No. —

Acct. No. —

W.O. E-5792

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
 MAR 12 1986

ISSUED Raymond [Signature]

CREDIT	67007	
20% Sales Tax	77184	99.00
80% Sales of Lots	100	396.00
77184		
Openings & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	60101	
9020		
TOTAL PAID		495.00

**MT-HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/12/86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Mildred J. Sabert ~~Fliden~~ ~~Hold up~~

in a Vault/Liner Funeral date, time (3:15 - 10:15) 3/14
Church, Chapel, Graveside Drop off ; Shayer 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 92 Grave 1 Row Section 4 Division/Block 7

Grave space & Care Fund County Case 55.00

Additional spaces and care fund #12655 90.00

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number Balance due

*b-3-0.2
fee waived
Nancy Hobbs per*

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
State Zip Code
Telephone

Work Order # E 5793
PY-693 (REV. 8-85)

Invoice # 041603
Acct. # 000952

*to get marker must
pay cemetery 694.00*

250	Lot
295	o/c
245	Den's
14	Tax
<hr/>	
839.00	
- 145.00	county
<hr/>	
694.00	

county waived fee

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Mildred J. Sabin		SEX Female	DATE OF BIRTH Aug. 6, 1919	DATE OF DEATH Mar. 6, 1986 Found
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 Public Administrator 5201-A Ruffin Road San Diego, CA. 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary		CALIFORNIA LICENSE NUMBER 1424		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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. Llope Cemetery, San Diego, CA.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED
INTERMENT AFTER CREMATION	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	<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 ▶
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Roney, M.D.
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	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Severin
	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 14 1986
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 14 1986 <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.

E5793

E5793

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/12/86

DATE: 05/12/86
TIME: 210548
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ALCT	J/O	PAYM DATE OPER	PD BY BN/EO	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
041603	04/03/86	000952	COUNTY OF SAN DIEGO			05/08/86	CK	609389	145.00	145.00	0.00
			100 072	77181	000072				90.00		
			100 072	77184	000072				55.00		
										PAID IN FULL	

E-5793

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUCTION
 GOLDENROD RETAIN

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

No 33339

Date: 05-08, 1916

From: County of SD Address: 5201-A Ruffin St

(no published cost given and no price) Dollars (\$) 145.00

In full Payment of Plot taken price

(Case # 10455)

Lot 92 Grave 1 Row _____ Section 4 Division Block 7

Invoice No. 041603

Acct. No. 00952

W.O. F-5793

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-65)

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

1986

ISSUED BY L. Tang

CREDIT	82007	
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		<u>145.00</u>

Seaman - Poe Monument Co.

- DISTINCTIVE MONUMENTS AND MARKERS -

3893 IMPERIAL AVENUE, SAN DIEGO, CALIFORNIA 92113-1702 - TELEPHONE 264-1933 - FAX 264-1973
www.seaman-poe.com

11 JULY 2002

LUCILLE STEVENS,
WILMA HAYNES,

WE HAVE THE HEADSTONE COMPLETED FOR MILDRED J. STEVENS SABIN. WE DELIVERED IT TO MT. HOPE ALONG WITH THE CHECK FOR THE INSTALLATION FEE. MT. HOPE TOLD US THAT THEY COULD NOT TAKE THE STONE OR THE CHECK FOR THE INSTALLATION FEE. I WAS TOLD BY THE OFFICE THAT A FEE FOR THE BURIAL HAS NOT BE PAID. THE FEE IS \$ 694.00. I AM SENDING YOU BACK THE CHECK FOR \$ 145.75. YOU WILL NEED TO CALL MT. HOPE AND TAKE CARE OF THIS. I WILL KEEP THE HEADSTONE HERE FOR YOU AND YOU CAN CALL ME WHEN YOU HAVE EVERYTHING COMPLETED AT MT. HOPE. THE PHONE NUMBER TO MT. HOPE IS 619-527-3400. IF I CAN BE OF ANY HELP TO YOU PLEASE CALL OUR OFFICE. 619-264-1933.

SINCERELY



PEGGY HALEEN

8/7/02
SUE THIS IS THE
GRACE I WAS
TALKING ABOUT
TODAY
THANKS
PEGGY

E5793

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-12-86

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

of Jerry E. Zyka, Jr

in a Open Vault/Urns Funeral, date, time Wed 3/26

Church, Chapel, or Delmery 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 _____

Lot 121 Grave _____ Row _____ Section 100F Division/Block 42

Grave space & Care Fund Prepaid

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 242.40

Total Due 33192

Paid receipt number 24240

Balance due 0

PAID
MAR 14 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

No services

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 _____

May V. Kral
Signature
1459 MCBAIN AVE.
Address
CAMPBELL, CA. 95008
City
(408) 371-5282
Telephone
Zg Cells

Work Order # E 5794
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 33192

Date: 03-14, 1986

From Shirley Mae Piles Address: 215 Twin Oaks Ave. O.V. (O.P. 211)
Two hundred and twenty two and 40/100 Dollars (\$ 222.40)

In full Payment of Jerry E. Zupke Jr.

Lot 121 Grave _____ Row _____ Section 100F Division 42
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-5794
 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
MAR 17 1986
 ISSUED BY F. O. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	105.00
Serial 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 JERRY EDWARD ZYKA, JR.		SEX Male	DATE OF BIRTH July 18, 1905	DATE OF DEATH March 09, 1986 Found
PLACE OF DEATH—CITY OR TOWN Vista	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT May Violet Kral (Sister) 1459 McBain Avenue Campbell, CA 95008	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Coastal Cremation, Inc. Pasadena, Ca.	DATE CREMATED MAR 14 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 13 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 26 1986 (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.

E5794

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

(DIP)

Date 03-12-86

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

of Gabriel Anuso

in a TS Vault Funeral, date, time Thu 3/21 9AM

Church, Chapel, Graveside _____ Mortuary Berge-Robts

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 89 Grave 1 Row _____ Section 2 Division/Block 7

Grave space & Care Fund 1st in 1979 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 33189 210.00

Balance due 500.50

60 day note 3-13-86

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

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

Signature of recorded holder of deed _____

Mary Rose Hearta
Signature 1115 E 7th St
Address National City, Ca 92050
City, State, Zip Code
477-3970
Telephone

Work Order # E 5795

Invoice # 041607

Acct. # 016679

Work Order # E 5795

PV-583 (REV. 8-85)

NOTE—STRAIGHT

\$ 500.50 San Diego, California, March 13, 1986

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 Five hundred and 50/100 DOLLARS.

with interest from May 13, 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 Mary Louise Herrera

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

No 33189

Date: 1-3-12, 1976

From: Thomas R. Huerta Address: 1115 E. 7th St N.C. Ca 92150

Two hundred ten and no/100 Dollars (\$ 210.00)

In part Payment of burial expenses

Lot 14 Grave 1 Row _____ Section _____ Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5795

Unpaid Balance after this Payment \$500.50

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 MAR 17 1986

ISSUED BY R. 2119

CREDIT	87007		
30% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	210	00
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	9020		
TOTAL PAID		210	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Gabriel --- Enciso		SEX Male	DATE OF BIRTH AUG. 25, 1971	DATE OF DEATH March 11, 1986
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 Mr. Rigoberto Enciso-Father 9712 Jamacha Blvd. Spring Valley, CA 92077	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BENCE-ROBERTS MORTUARY		CALIFORNIA LICENSE NUMBER F-284		

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

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES BURNMENT)
<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 Cemetary, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 13 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 21 1986 (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 5795

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/23/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33360

Date: 05-13, 1986

From: Lucia Enciso Address: 9711 Gomoncha Blvd Sp Valley Palmd

Five Hundred and 50/100 Dollars (\$ 500.50)

In full Payment of Gabriel Enciso, wages

Lot 89 Grave 1 Row _____ Section 2 Division Block 7

Invoice No. 041607

Acct. No. 116679

W.O. E-5795

Unpaid Balance after this Payment X

Pre-Need At Need On Acct
 Ck Cash

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

SAN DIEGO CITY TREAS.
 MAY 21 '86
 PAID 013

ISSUED BY L. P. [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 misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>500.50</u>

E5795

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/23/86

DATE: 05/23/86
TIME: 221149
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HUPE 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		
041607	04/03/86	016679	MARY HUERTA						05/13/86	CK	477	500.50	500.50	0.00
			100	072			77181	000072				110.00		PAID IN FULL
			100	072			77182	000072				175.00		
			100	072			77183	000072				205.00		
			60101				9020					10.50		

E-275

Double
Ashlets

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-14-86

Pre-Need lots for
Rose Greneta

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

in a _____ Vault/Urns _____ 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 _____

✓ 355, 356, 357, 373
Lot 374 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 5 @ \$215 \$ 1075⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

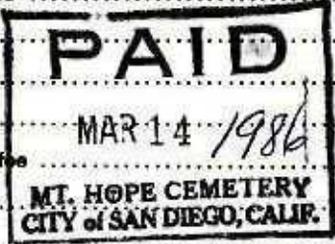
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



3/14/86 Total Due 1075⁰⁰
Paid receipt number 33193 1075⁰⁰
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 Greneta
Signature _____
2252 Cowley Way
Address _____
San Diego, Ca 92110
State _____ Zip Code _____
276-04867
Telephone _____

Work Order # E 5796
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

11254-11258

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33193

Date: 03-14, 1986

From: K. W. Cronista Address: 2752 Copley Way, Apt 7-111

Cap thousand seven hundred and no/100 Dollars (\$ 1075.00)

In full Payment of (5) Pre-need lots
(Dunkle (old) lots)

Lot 355, 356, 357 - 373, 374 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-5796

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 6-65)

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

CITY AUDITOR
MAR 25 1986

ISSUED BY C. Long

CREDIT	87007	
20% Sales Tax	77184	<u>215.00</u>
480% Sales and Loss	100	<u>860.00</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>1075.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/18/86

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

of Robert B. Berry
 in a Contract Vault Vault/Liner Funeral, date, time Deep off Wed 3/26
 Church, Chapel, Graveside None Mortuary None

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 4332 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Per med Deed 69.09 -

Additional spaces and care fund —

Opening/Closing & Setup 105.00

Burial Container Contract 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
MAR 18
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
Paid receipt number 33195 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.

Signature of record holder of deed Duplicated E-5790-Vord
 Signature Robert H. Berry
 Address 27540 ORCHID DR
HIGHLAND CA 92346
 State CA Zip Code
 Telephone (714) 864-2246

Work Order # E 5797 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 33195

Date: 3/18/86, 19

From: Robert H. Berry Address: 27570 Michid - Highland Ca 92246

Two Hundred forty Two and 40/100 Dollars (\$ 242.40)

In full Payment of Interment fees for Robert B. Berry

Lot 4332 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5197

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-88)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
MAR 24 1986
[Signature]

CREDIT	67007	
20% Sales Tax	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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

C-28179

NAME OF DECEDENT ROBERT BRYAN BERRY		SEX Male	DATE OF BIRTH 5/29/13	DATE OF DEATH 3/10/86
PLACE OF DEATH—CITY OR TOWN Santa Maria	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Santa Barbara		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Pre-Arranged	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) The Neptune Society		CALIFORNIA LICENSE NUMBER 1309		

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"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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 n/a		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Angeles Abbey Crematory, Compton, CA	DATE CREMATED 3-20-86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	<p style="font-size: 0.8em;">This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby 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 n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED 3/14/86 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 MAR 26 1986 (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.

E5797

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/18/86

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

of Set Mark D. Kohr

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 327 Grave Row Section Division/Block 10

Grave space & Care Fund

Additional space and care fund

Opening, Closing & Setup

Burial Container

Handling Fees

Flower

Recording and filing fee

Sales taxes

PAID
MAR 18 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

x24 - granite 125⁰⁰

Total Due 125⁰⁰
Paid receipt number 33198 125⁰⁰
Balance due 0

W.O. made out 3/12

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 5798**

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33198

Date: 3/18/86, 1986

From: Morkley-Mitchell Address: 3655-57th St SD 92103

One Hundred Twenty Five and 00/100 Dollars (\$ 125.00)

In full Payment of Settle 12x24x3 Base Granite
Kohr - Dwayne

Lot 327 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5798

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

3984

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

CITY AUDITOR
 MAR 24 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	<u>125.00</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>125.00</u>

32-7790

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/18/86

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

of Maudie L. Wray -

in a Top Seal Vault Vault/Line Funeral, date, time 3/20/Thu - 1 P.M.

Church, Chapel, Graveside Chapel 4 & 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 1407 Grave — Row — Section — Division 10

Grave space & Care Fund Box - Pd - C-2870

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container Top Seal Vault 175⁰⁰

Handling Fees 170⁰⁰

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

Paid receipt number 33199 710.50

Balance due 0

PAID
MAR 20 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Grand 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 _____

Sandra K. Lewis
Signature
1235 Jofts Drive
Address
San Jose Ca. 95131
State
408 258-0640
Telephone

Work Order # E 5799
PY-583 (REV. 9-86)

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 33199

Date: 3/18/86

From: Sandra Davis Address: 1235 Loft Dr. San Jose Ca - 95131
Seven Hundred Ten ⁵⁰/₁₀₀ Dollars (\$ 710⁵⁰)
 In full Payment of Interment fees for Maude & Wray - Dec

Lot 1407 Grave Row Section Division 10

Invoice No.
 Acct. No.
 W.O. E 5799
 Unpaid Balance after this Payment

NOT VALID FOR PAYMENT UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
 MAR 24 1986
Soyen [Signature]
 ISSUED

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	60101	10 50
	6020	
TOTAL PAID		710 50

Pre-Paid At Need On Acct
 Ck Cash
 112
 AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Maudie L. Wray		SEX Female	DATE OF BIRTH June 14, 1898	DATE OF DEATH March 16, 1986
PLACE OF DEATH—CITY OR TOWN San Jose	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Santa Clara		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sandra Davis / Granddaughter 1235 Tofts Drive San Jose, CA 95131	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benhough Mortuary		CALIFORNIA LICENSE NUMBER F 480		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 Cemetary/ San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 17 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/20/86 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Stephen G. Gray</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Raymond Little</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.

E5799

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/20/86

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

of Eleanor U. Campbell

in a Top Seal Vault/Liner Funeral, date, time 3/21 2 P.M. Fri

Church, Chapel, Graveside Chad & S.S. ; Riverside 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 82 Grave 4 Row - Section 16 Division 7

Grave space & Care Fund Dead 4014

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases (Marked optional fee)

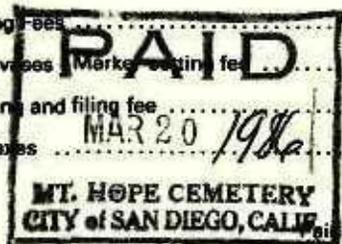
Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

receipt number 33201 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 dead.

Signature of recorded holder of dead

Martha L. Soluboff
Signature
3216 Bonetto Dr.
Address
CA 90068
State
213-851-2394
Telephone Zip Code

Work Order #
PY-588 (REV. 8-85)

E 5800

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 33201

Date: 3/20/86, 1986

From: Mattie Stalysch Address: 3216 Bennett Dr L.A. 90068

Seven Hundred Ten and 10/100 Dollars (\$ 710⁰⁰)

In full Payment of Interment fee for Etoria V. Campbell - dec

Lot 82 Grave 4 Row — Section 16 Division 7 Block —

Invoice No. _____

Acct. No. _____

W.O. E5800

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
 MAR 24 1986
Proyenl [Signature]

CREDIT	67007	
20% Sales Tax	77184	
90% 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	200 00
	77183	
Sales Tax	60101	10 50
	8020	
TOTAL PAID		710 50

239-3841

John

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ETORIA VIRGINETTIE CAMPBELL		SEX Female	DATE OF BIRTH Jan. 9, 1909	DATE OF DEATH March 18, 1986
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 Mattie Ruth Golubeff - Daughter #21 - 16th Street San Diego, California 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 Cemetary: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 21 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/21 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/86

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

of Somoel E Amaya

in a Top Seal Vault Vault/Liner Funeral, date, time Mon - 11 AM 3/24

Church, Chapel, Graveside St. Ann 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 164 Grave 9 Row - Section 2 Division/Block 12

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>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	<u>-</u>
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>10.50</u>
Total Due	<u>1105.50</u>

30 day note

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

Eleanor R. Amaya
Signature
6706 Monte Verde Dr.
Address
San Diego Ca 92119
State Zip Code
287-1717
Telephone

Work Order # E 5801

Invoice # 041608
Acct. # 016680

LOT OWNER

E-5801

AMAYA, Eleanor, 6706 Monte Verde Dr., SD, CA92119

NAME

ADDRESS

LOT 164 GR. 9 ROW _____ SEC 2 BLK _____ DIV 12

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

4/10/86

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 294-3151

No 33248

Date: 04-14, 1986

From: Glenn Amaya Address: 6706 Monte Vista Dr. # 1011

Seven hundred and five and 50/100 Dollars (\$ 1105.50)

In full Payment of Glenn Amaya

Lot 164 Grave 9 Row _____ Section _____ Division Block 12

Invoice No. 141608

Acct. No. 116680

W.O. E-511

Unpaid Balance after this Payment 0

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

1986

ISSUED BY B. 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	
	9080	
TOTAL PAID	0	<u>1105.50</u>

Pre-Need At Need On Acct
 Ck Cash

E 5801

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ISMAEL ELISEO AMAYA		SEX Male	DATE OF BIRTH Sept. 14, 1928	DATE OF DEATH March 17, 1986
PLACE OF DEATH—CITY OR TOWN La Paz	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Bolivia S.A.		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Elesnor Amaya wife 6706 Monte Verde Dr. San Diego, CA. 92119	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary Inc.		CALIFORNIA LICENSE NUMBER 69		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetry 3751 Market St., San Diego, CA. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$300	DATE PERMIT ISSUED MAR 24 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Gomez M.D. Jr. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/86

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

of David Ralph MAR 24 1986

in a Double Crypt Vault/Lin Funeral, date, time Mon Mar - 2 PM

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 WW2 - Navy.

✓ Lot 1668 Grave - Row - Section - Division/B 10

Grave space & Care Fund	595 ⁰⁰
Additional spaces and care fund	
Opening/Closing & Setup	320 ⁰⁰
- Burial Container <u>Double Crypt -</u>	330 ⁰⁰
- Handling Fees	320 ⁰⁰
Flower vases - Marker setting fee	
Recording and filing fee	35 ⁰⁰
Sales taxes	19.80
Total Due	1619.80
Paid receipt number <u>33204</u>	900.80
Balance due	719.00

3/21/86

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

Barbara Hawkins (RALPH)
Signature
3920 T. St.
Address
SAN DIEGO 92113
State Zip Code
262-0306
Telephone

Work Order # E 5802
PV-583 (REV. 8-85)

Invoice # 041609
Acct. # 016681

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33204

Date: 3/21/86, 19

From: Carolyn Navolanis Address: 3920 "T" St SD 92113

Nine hundred and 80/100 Dollars (\$ 900⁸⁰)

In Part Payment of Instrument fees on David Ralph - dec

Lot 1668 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. WO E-5802

Unpaid Balance after this Payment 719⁸⁰

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 25 1986
 ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>476</u>	<u>00</u>
Openings & Service Charges	77181	<u>320</u>	<u>00</u>
Burial Containers	100	<u>104</u>	<u>80</u>
Recording fees or misc. service fees	77183		
Sales Tax	80101		
	9030		
TOTAL PAID		<u>900</u>	<u>80</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 33313

Date: 4/28, 1986

From: Carolyn Hawkins Address: 3920 "T" St AD 92113

In full Payment of Interment fees David Ralph-dee #33204 Dollars (\$ 719⁰⁰)

Lot 11668 Grave _____ Row _____ Section _____ Division 10

Invoice No. 041609
 Acct. No. 016681
 W.O. E-5802
 Unpaid Balance after this Payment 0

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

1986

[Signature]

CREDIT	67007	
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	
	8030	
TOTAL PAID		\$ <u>719⁰⁰</u>

Pre-Need At Need On Acct
 Ck Cash
 #105
 AC-212 (Rev. 8/85)

E5802

CITY TREASURER
SAN DIEGO, CALIFORNIA

6188504/29/86		9719.00	INVS
04/29/86	6188 5	9719.00-	CH
04/29/86	6188 5	.00	BA

E 5802

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT DAVID RALPH		SEX Male	DATE OF BIRTH Mar. 2, 1926	DATE OF DEATH Mar. 18, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Margaret Ralph - Wife 3920 "T" Street San Diego, California 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 21 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Powers, M.D. M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 24 1986 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>George 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.

E5802

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/01/86

DATE: 05/01/86
TIME: 000624
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
041609	04/03/86	016681	CARDLYN HAWKINS RALPH			04/28/86	CK	105	719.00	719.00	0.00
			100 072	77182	000072				225.20		
			100 072	77183	000072				355.00		
			60101	9020					19.80		
			67007	77184					119.00		

E-5802

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 719.00

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/86

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

of Anna B. Truitt

in a Top Soil Vault Funeral, date, time 2:00pm 3/24 10Am

Church, Chapel, Graveside Chapel 4 S.S. ; Louis Coland 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 3 Row 3 Section 8 Division/Block 7

Grave space & Care Fund Per head #4/340

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container Top Soil Vault - Anti - 175.00

Handling Fees 170.00

Flower vases - Market setting fee

Recording and filing fee 35.00

Sales taxes 10.00

Total Due 710.00

Receipt number 33202 710.50
Balance due 0

PAID
MAR 20 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Herbert W. Truitt
Signature 4960 35TH ST.
Address SAN DIEGO - CA - 92116
State 280-2858 Zip Code
Telephone

Work Order # E 5803
PY-593 (REV. 9-85)

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 33202

Date: 3/20/86, 19

From: Herbert W. Truitt Address: 4960 - 735th St SD 92116

In full Payment of Seven Hundred Ten and 50/100 Dollars (\$ 710.50)

Payment of Interment fees for Ann B Truitt - dec

Lot — Grave 20 Row 3 Section 8 Division 7

Invoice No. _____

Acct. No. _____

W.O. E-5803

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
 MAR 24 1986
 ISSUED BY [Signature]

CREDIT	57007		
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
	9020		
TOTAL PAID		710	50

E5803

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ANNA BELL TRUITT		SEX FEMALE	DATE OF BIRTH JUNE 14, 1888	DATE OF DEATH MARCH 19, 1986
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 Self...by pre-arrangement	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BENBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 21 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramirez, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 24 1986		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joseph [unclear]</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 3/21/86

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

of Katie Thomas

in a Top Seal Vault Funeral, date, time Mon - 3/24/10Am

Church, Chapel, Graveside Church & S; Hempflinger 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 89 Grave 6 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

✓ Burial Container Top Seal Vault **PAID** _____

✓ Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

✓ Sales taxes _____

PAID
APR 1 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

320.⁰⁰
175.⁰⁰
170.⁰⁰

35.00
10.00
710.⁰⁰
710.⁵²
~~710.⁰⁰~~
0

Total Due _____

Paid receipt number 33234

Balance due _____

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.

Signature of recorded holder of deed

Joa. Probst
Signature
6880 Krell Ave.
Address
Chula Vista, ca. 92010
State
427-4918
Telephone
Zip Code

Work Order # E 5804
PY-583 (REV. 8-86)

Invoice # _____
Acct. # _____

Mr. William Thomas
420-4249 or 585/1999

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33234

60558 Date: 04-01, 1986

From: William A. Thomas Address: 5400 Caroline Ave, West, San Diego, CA

Spced Amount ten and 50/100 Dollars (\$ 710.50)

In full Payment of Katie Thomas service

Lot 89 Grave 6 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5804

Unpaid Balance after this Payment 0

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
 00862 7/86

ISSUED BY B. King

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>175.00</u>
	77182	
Recording fees or misc. service fees	100	<u>20.50</u>
	77183	
Sales Tax	80101	<u>10.50</u>
	8030	
TOTAL PAID	0	<u>710.50</u>

E 5804

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT KATIE HADDAD (NAHAS) THOMAS		SEX Female	DATE OF BIRTH July 15, 1887	DATE OF DEATH March 20, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Betty Zogob (Granddaughter) 688 Garrett Avenue Chula Vista, CA 92010		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 24 1986
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. Ramos M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Georgette</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 03-24-86

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

of Martha Valleso Gomez
in a Bell Funeral, date, time Thurs. 3/27/86 11 AM
Church, Chapel, Graveside Death 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 12 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
MAR 27 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number 33208
Balance due 706.00

3/24/86
(30 Day Rate)

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

Fred Valleso
Signature
7238 Jamacha Rd
Address
San Diego Ca. 92114
State
461-3207
Telephone
Zip Code

Work Order # E 5805
PY-589 (REV. 8-85)

Invoice # _____
Acct. # _____

3-26-86 33215 $\frac{706^{00}}{500^{00}}$
206⁰⁰

3-27-86 33221- 206⁰⁰

— 02

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 33221

Date: 03-27, 1986

From: Luis B. Vallejo Address: 7731 Gannett Road, San Diego 92114

Two Hundred Sixty and no/100 Dollars (\$ 260.00)

In full Payment of Martha L. Vallejo - Invoice

Lot 117 Grave 177 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5805

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 MAR 31 1986

ISSUED BY B. Tang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Loss	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100	20	80
	77182		
Recording fees or misc. service fees	100	180	00
	77183		
Sales Tax	80101	6	80
	9020		
TOTAL PAID	0	260	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 33215

Date: 03-26, 1986

From: Luis Vallejo Address: 7738 Camacho Rd La Ca 92114

Five hundred and no/100 Dollars (\$ 500⁰⁰)

In part Payment of Martha V. Gomez

Lot 117 Grave 12 Row 1 Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5105

Unpaid Balance after this Payment \$506⁰⁰

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 31 1986
 ISSUED BY J. [Signature]

CREDIT	87007	50 00
30% Sales Care	77184	
80% Sales of Loss	100 77184	50 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	10 00
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 8020	
TOTAL PAID		500 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 33208

Date: 1-3-24, 1919From: Luis Vallero Address: 7738 Lamuchard St. La Jolla

One hundred fifty and no/100 Dollars (\$ 150.00)

In part Payment of Matthias J. Gomez

Lot 117 Grave 12 Row _____ Section _____ Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 5805Unpaid Balance after this Payment \$706.00Pre-Need At Need On Acct Ck Cash

AC-312 (Rev. 8-68)

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

0084011986

ISSUED BY L. J. [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>150.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Serial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8080	
TOTAL PAID		<u>150.00</u>

E5805

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT MARTHA GOMEZ VALLEJO		SEX FEMALE	DATE OF BIRTH JUNE 15, 1949	DATE OF DEATH MARCH 23, 1986
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 Luis R. Vallejo - Husband 7738 Jamacha Road San Diego, CA 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Heath Funeral Home		CALIFORNIA LICENSE NUMBER 807		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 26 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 27 1986 (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 3-24-86

Pre-Need lot low:

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

of Mariang P. Huerta

in a Mary Louise 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 89 Grave 15 Row _____ Section 2 Division/Block 7

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund (Double)

Opening/Closing & Setup (Depth)

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 595⁰⁰

Paid receipt number 33210 ✓ 50⁰⁰

Balance due 545⁰⁰
50⁰⁰

3/24/86

5-8-86

33343 ✓

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 _____

(over)
Mariang P. Huerta
Signature
1115 E. 7th St.
Address
National City Ca. 92050
State
477-3978 Zip Code
Telephone

Work Order # E 5806

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

#11260

Bal:

6-26-86

33492 ✓

495⁰⁰
50⁰⁰

445⁰⁰

04-20-87

34451 ✓

100⁰⁰

345⁰⁰

06-22-87

34728

100⁰⁰

245⁰⁰

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33210

Date: 03-24, 1986

From: Mrs. S. Guerra Address: 115 E. 7th St. N.C. Ca 92101

Sixty and no/100 Dollars (\$ 50.00)

In alt Payment of Pre-need lot

Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5106

Unpaid Balance after this Payment \$545.00

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
 MAR 31 1986

ISSUED BY B. Rang

CREDIT	#7007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>50.00</u>
77184		
Openings & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
9080		
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

000019

No 33343

Date: 05-18, 1986

From: Mary L. Heata Address: 1115 E. 7th St. N.C. Ca 92150

Fifty and no/100 Dollars (\$ 50⁰⁰)

In Cont Payment of Princed Lot

Lot 89 Grave 1500 Row _____ Section 9 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5806

Unpaid Balance after this Payment \$ 495⁰⁰

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 R. Darrig

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 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>50 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 384-3151

No 33492

Date: 6-26, 1986

From: Mary L. Neersta Address: 1115 E. 7th St N.C. Pa 92150

Fifty and no/100 Dollars (\$ 50.00)

In part Payment of Patricia Lat

Lot 89 Grave 15 Row _____ Section 9 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5806

Unpaid Balance after this Payment \$ 445.00

Pre-Need At Need On Acct
 Ck Cash

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

CITY AUDITOR
 JUN 38 1986

ISSUED BY B. Kang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50.00</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>\$ 50.00</u>

OFFICIAL RECEIPT

No 34451



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

Date: 04 20, 1987

From: Maria Huerta Address: 1115 East 7th St D.C. Ca 92150

One hundred and no/100 Dollars (\$ 100⁰⁰)

In part Payment of Preneed lot (double depth)

Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E.F. 806

BALANCE DUE \$345⁰⁰

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. Tang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>100.00</u>

No 34728

OFFICIAL RECEIPT

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



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Mary Semeta Address: 1115 E "7" Street, Watsonville Date: 6-22, 19 87
One hundred Dollars (\$ 100-)
 In Payment of Credit Not Sale

Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No _____
 Acct. No _____
 W.O. E-5806
 BALANCE DUE 245.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	8022		
Sales Tax	80101		
	78300		
TOTAL PAID	\$	<u>100</u>	<u>-</u>

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

ISSUED BY Lorley V. M. D.

8358

Log

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 35598

From: Mano Luisa Cuerta Address 1115 E 7th St, National City Date: 1-25, 1988
forty Dollars (\$ 50.00)
 In Payment of: Reseal lot

Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No _____
 Acct. No _____
 W.O. E-5806
 BALANCE DUE 195.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
JAN 27 1988
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>30.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78900	
TOTAL PAID		\$ <u>50.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 10-87) 8733

OFFICIAL RECEIPT

No 36563

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



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From Mary Nueita Address: 1115 E. 17th Street Date: 8-16 19 88
Acct No 100 Dollars (\$) 50.00
In Payment of Credit Lot
Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. E-5806
BALANCE DUE 145.00

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
AUG 24 1988
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>50.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Mktg. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	9022	<u>50.00</u>

9094

OFFICIAL RECEIPT

No 37330

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



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Mary J. Huerta Address: 1115 E. 7th Street, N.C., 92101 Date: 2-7 1989
50 dollars Dollars (\$ 50.00)
 In _____ Payment of Credit Int

Lot 89 Grave 15 Row _____ Section 2 Division Block 7

Invoice No _____

Acct. No _____

W.O. B-5806

BALANCE DUE 95.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

9386

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

CITY AUDITOR
FEB 10 1989

ISSUED BY [Signature]

GREDIT	87007	<u>29.00</u>
20% Sales Care	77184	
80% Sales of Lots	100	<u>26.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	0003	
0022		
Sales Tax	00101	
78390		
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 38169 ✓

From: Mary J Huerta Address: 1115 E 7th Street, 20 Date: 6/6 1989
fifty five Dollars (\$ 50.00)
 In Payment of Credit for

Lot 89 Grave 15 Row _____ Section 2 Division 7 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-5606
 BALANCE DUE 45.00

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 [Signature]

CREDIT	57007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>50.00</u>

CITY AUDITOR
 JUN 24 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 39488

From: MARINO HUERTA Address: 1115 Elm St San Marcos City 92500
FIVE FIVE dollars + tax Dollars (\$ 55⁰⁰)
 In _____ Payment of PRE-NEED TRUST

Lot 89 Grave 15 Row — Section 2 Division 7
 Block 7

Invoice No. _____
 Acct. No. _____
 W.O. F - ~~5806~~ 5806
 BALANCE DUE 1328.93

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

AC-212 (Rev. 10-87)

476

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	00
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	55	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

CITY AUDITOR
 APR 23 1990 NO 39128

From: Maricopa - May, June Address: 1115 E. 4th St, No. 9200
Frankfort, Ind
 In _____ Payment of Credit for Dollars (\$ 45.00)

Lot 79 Grave 15 Row _____ Section 2 Division 7
 Street _____

Invoice No. _____
 Acct. No. _____
 W.O. F-5106
 BALANCE DUE 0

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>45.00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>45.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-25-86

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

of Rodney Wayne Quillar
in a Bell Vault/Liner Funeral, date, time Thurs 3/27 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 62 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>495⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁰⁰</u>
Total Due	<u>1101⁰⁰</u>

Victims Assist
Mary Ann Gallagher
1236-7171

Paid receipt number _____
Balance due _____

I hereby certify I am the (see 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.

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

Georgia Oliver
Signature

Signature of recorded holder of deed _____

Address 422 S 33rd st
State _____ Zip Code _____
231-3793
Telephone

Work Order # E 5807

Invoice # 041611
Acct. # 016682

Bill to :

Office of D.A.
Po Box X 1011

AD 92112 - 9910

attn :

Mary Ann

L Gallagher

495	495
20	99
<hr/>	<hr/>
9900	96

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33481

Date: 6/20/86, 1986

From: Loyce Oliver V.C. Address: ~~30~~ 422 So 32nd St SD 92113

In Cash Payment of on Instrument of Rodney Gussler-de Dollars (\$ 500⁰⁰)

Lot 62 Grave 7 Row 13 Section 3 Division Block 12

Invoice No. 041611
 Acct. No. 0116682
 W.O. F-5807
 Unpaid Balance after this Payment \$601⁰⁰

NOT VALID FOR REFUND UNLESS STAMPED
 "PAID" IN THIS SPACE

SAN DIEGO CITY TAXES
 JUN 25 1986
 PAID

Loyce

ISSUED BY _____

CREDIT	67007	
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	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		500 00

Pre-Need At Need On Acct
 Ck Cash
 AC-212 (Rev. 8-86) 6143684

E5807

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT RODNEY WAYNE QUILLAR		SEX Male	DATE OF BIRTH Nov. 21, 1967	DATE OF DEATH Found March 22, 1986
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 Georgia Oliver - Mother 422 South 33rd Street San Diego, California 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 27 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 27 1986		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	

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

E5807

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/31/86

DATE: 07/31/86
TIME: 220037
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT URG	ALCT	J/U	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
041511	04/03/86	016602	OFFICE OF DISTRICT ATTORNEY			07/23/86	CK	51570450	601.00	1,101.00	0.00
		100	072	77181	000072				174.68		
		100	072	77182	000072				54.59		
		100	072	77183	000072				98.20		
		100	072	77184	000072				216.16		
		00161		9026					3.20		
		67007		77184					54.03		

mt. Hope
E5807

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/26/86

2-0 Cash

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

of Shanika M Washington
in a Cornute Kinis Vault/Urns Funeral, date, time Fri - 11 Am 3/28
Church, Chapel, Graveside 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 No

✓ Lot 1554 Grave - Row - Section 1 Division/B^{lock} 9

Grave space & Care Fund	<u>100⁰⁰</u>
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	<u>100⁰⁰</u>
Burial Container <u>Cornute Kinis - OA.</u>	<u>50⁰⁰</u>
Handling Fees	<u>11⁰⁰</u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>85.00</u>
Sales taxes	<u>3⁰⁰</u>
<i>Navy Relief</i> <i>Issuing check</i> <i>Rev telecom</i>	Total Due
	<u>3213</u> <u>2990⁰⁰</u>
	Balance due <u>0</u>

PAID
MAR 26 1986
Paid receipt to
MT. HOPE CEMETERY
SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make the disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 _____

Vincent L Washington
Signature
1554 Hewitt 110946
Address
Calif 94467 1204
State Zip Code
235-1204
Telephone

Work Order # **E 5808**
PY-883 (REV. 6-86)

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 33213

Date: 3/26, 1986

From: Vincent & Washington Address: USS Howitt DD 966 - 96667-1204

Two Headed Nintypine #700 Dollars (\$ 299.00)

In full Payment of Interment fees for S.M. Washington - deceased -

Lot 1554 Grave 11 Row --- Section 1- Division Block 9

Invoice No. ---

Acct. No. ---

W.O. E-5808

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

3/883
 AC-212 (Rev. 5-85)

NOT VALID FOR PURPOSES LISTED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 MAR 31 1986
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Openings & Service Charges	100 77181	100	00
Serial Containers	100 77182	50	00
Recording fees or misc. service fees	100 77183	35	08
Sales Tax	60101 9020	3	00
TOTAL PAID		299	00

E5808

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT SHAKENA HONEE WASHINGTON		SEX Female	DATE OF BIRTH Mar. 21, 1986	DATE OF DEATH Mar. 22, 1986
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 Patricia Smith - Mother	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 3299 Imperial Ave. Apt. 11 San Diego, California 92102	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 28 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramsey, M.D., M.P.H.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Shakena Washington</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 3/25/86

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

of Mignon Dippollet

in a Topham Vault Funeral, date, time 2 P.M., Thu - 3/27

Church, Chapel, Graveside Graveside Mortuary Barlett

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 Row _____ Section 100F Division/Block 31

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 320.00

Burial Container _____ 125.00

Handling Fees _____ 190.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 10.50

PAID
MAR 27 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____ 710.50

Paid receipt number 33222 710.50

Balance due 0

Buyer's Name

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 - OK

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 5809
PY-593 (REV. 8-86)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33222

Acct # B104 Date: 03-27, 19 86

From: Doris Steckman Address: 1777 E. Lynnwood San Diego, Ca 92108

open number tax and 50/100 Dollars (\$ 710.50)

In full Payment of Migrona Ruppelot services

Lot 13 Grave 77 Row 101F Section 101F Division-Block 31

Invoice No. _____

Acct. No. _____

W.O. E-5809

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
MAR 31 1986

ISSUED BY R. Long

CREDIT	87007		
20% Sales Tax	77184		
90% Sales of Lots	100		
	77184		
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>205.00</u>
Sales Tax	80101		
	90200		<u>10.50</u>
TOTAL PAID			<u>710.50</u>

E5809

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Mignon Love Dippoliet		SEX Female	DATE OF BIRTH Feb. 18, 1900	DATE OF DEATH Mar. 24, 1986
PLACE OF DEATH—CITY OR TOWN Redlands	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Bernardino		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Doris Stackman - Daughter 1777 East Lynwood, Apt. B104 San Bernardino, CA 92404	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Emmerson-Bartlett Redlands		CALIFORNIA LICENSE NUMBER 698		

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 Mt. Hope Cemetery, San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED n/a	SIGNATURE OF PERSON IN CHARGE OF CREMATORY n/a	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY n/a	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT n/a	
			DATE SIGNED n/a	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED Mar. 27, 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Patterson, M.D. / Jmy</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 27 1986 (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.

Pre-need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/25/86

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

of Frederick Sanford

in a Pre-need 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 No 10/25/48 - D.98.

✓ Lot 65 Grave 11 Row - Section 2 Division 11

Grave space & Care Fund 300.00

Additional spaces and care fund none

Opening/Closing & Setup

Burial Container none Paul

Handling Fees

Flower Vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 300.00

Paid receipt number 33211 300.00

Balance due 0

PAID
MAR 25
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.

Elisiah Sanford
Signature
1555 Dawn Ct
Address
Chula Vista 92010
City
427-1326
Telephone
Zip Code

Deed - Record in
Frederick Sanford
name -

Work Order # E 5810

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

#11253

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33211

Date: 3/25/86, 19

From: Asiah Stanford Address: 556 Dawn Ct CV. 92010

Three Hundred and no/100 Dollars (\$ 300.00)

In full Payment of Single grave fee paid for Friedrich Stanford

Lot 65 Grave 110 Row — Section 2 Division 11

Invoice No. —

Acct. No. —

W.O. E-5810

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
MAR 31 1986
[Signature]

CREDIT	87007	
20% Sales Care	77184	<u>60 00</u>
80% Sales of Lots	100 77184	<u>240 00</u>
Openings & Service Charges	100 77181	<u>—</u>
Serial Containers	100 77182	<u>—</u>
Recording fees or misc. service fees	100 77183	<u>—</u>
Sales Tax	80101 8020	<u>—</u>
TOTAL PAID		<u>300 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/26/86

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

of John Denis

in a Bell Funeral, date, time Fri 3/24 - 10:30am

Church, Chapel, Graveside Seaside; 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 37 Grave 13 Row - Section MAS Division/Block T

Grave space & Care Fund 320.00

Additional spaces and care fund 100.00

Opening/Closing & Setup 145.00

Burial Container 35.00

Handling Fees 6.00

Flower vases - Marker setting fee MT. HOPE CEMETERY 606.00

Recording and filing fee CITY of SAN DIEGO, CALIF. 606.00

Sales taxes 0

Total Due 606.00

Paid receipt number 33223 606.00

Balance due 0

PAID
MAR 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

*will pay
Ch of fund
needs help
graveside*

*at 10:00
via phone lot owner*

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 5811
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 33223

Date: 3/28, 1986

From: Seraldine Perdue Address: Spring Valley

Six Hundred Six and no/100 Dollars (\$ 606.00)

In full Payment of interment fees for John Harris - Dec

Opening & Closing - set up - Council Bell Line & Per fee -

Lot 37 Grave 13 Row --- Section MAS Division Block T

Invoice No. ---

Acct. No. ---

W.O. E5811

Unpaid Balance after this Payment 0

Pre-Paid At Need On Acct
 Ck Cash

1939
 AC-212 (Rev. 9-85)

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

CITY AUDITOR
 APR 01 1986

Joseph Stiller
 ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
30% 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
	9020	
TOTAL PAID		606.00

E5811

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JOHN ATLEY DORRIS		SEX Male	DATE OF BIRTH Sept. 26, 1890	DATE OF DEATH March 26, 1986
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 Geraldine Perdue-Daughter 3033 Contut Court Spring Valley, CA 92077	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Conrad Lemon Grove Mortuary		CALIFORNIA LICENSE NUMBER F 941		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAR 28 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyu...</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 3/26/86

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

of Zenovia L. Durst

in a T.S. Vault Funeral, date, time Mon - 11Am 3/31

Church, Chapel, Graveside Church + G.S.; Ragsdale Mortuary.

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

✓ Lot 178 Grave 6 Row - Section 1 Division 12

Grave space & Care Fund	<u>395.00</u>
Additional spaces and care	<u> </u>
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>10.50</u>
Total Due	<u>1105.50</u>
Paid receipt number <u>33218</u>	<u>1105.50</u>
Balance due	<u>0</u>

PAID
MAR. 26 1986
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

Elijah Ray Durst
Signature
109 South 58 Street
Address
San Diego California 92114
City
2042923
Telephone

Work Order # E 5812

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 33218

Date: 03-26, 1986

From: Philip R. Durst Address: 109 S. 5th St San Diego, Ca. 92114

Seven hundred fifteen and 50/100 — Dollars (\$ 1165.50)

In full Payment of Genoviana T. Durst Grave

Lot 178 Grave 6 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5812

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
 MAR 31 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184	<u>79</u>	<u>00</u>
80% Sales of Lots	100	<u>316</u>	<u>00</u>
	77184		
Openings & Service Charges	100	<u>320</u>	<u>00</u>
	77181		
Burial Containers	100	<u>175</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>205</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>10</u>	<u>50</u>
	8030		
TOTAL PAID		<u>1165</u>	<u>50</u>

E5812

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ZENOBIA LOUISE DURST		SEX Female	DATE OF BIRTH Aug. 19, 1926	DATE OF DEATH Mar. 24, 1986
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 Elijah Durst - Husband
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	109 South 58th Street San Diego, California 92114	

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 Mt. Hope Cemetery; 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 27 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 31 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/27/86

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

of Pablo A Lopez

in a _____ Vault/Liner Funeral, date, time Fr 3/28 12:30

Church, Chapel, Graveside Drop off ; Humphreys - 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 _____

Lot 143 Grave 1 Row _____ Section 4 Division/Block 7

Grave space & Care Fund County P.A. Burial - 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 _____

P.A. Case # 12734

Pat Williams - P.A.

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.

County of SD
Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Remains by Border Patrol labels not to be cremated.

Invoice # 041604

Acct. # 000952

Work Order # E 5813

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33340

Date: 05-08, 1986

From: County of SD Address: 5201-A Ruppert Rd

One hundred and no/100 Dollars (\$ 145.00)

In full Payment of Final report services

Case # 12734

Lot 143 Grave 1 Row _____ Section 4 Division Block 7

Invoice No. 041604

Acct. No. 00952

W.O. E-5813

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct.

Ck Cash

AC-212 (Rev. 8-86)

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

1986

ISSUED BY B. Lang

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>

ES813

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT PABLO ANTUNEZ-LOPEZ		SEX Male	DATE OF BIRTH June 07, 1958	DATE OF DEATH March 03, 1986
PLACE OF DEATH—CITY OR TOWN San Ysidro		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Maria Lopez (Wife) Avenida Independencia #62 Teloloastan, Mexico
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 28 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loayza</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.

E5813

041604 04/03/86 000952 COUNTY OF SAN DIEGO
100 072
100 072

77181 000072 05/03/86 CA 609369
77184 000072

145.00
90.00
55.00

145.00 0.00
PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 290.00

E - 5813

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Transfer property from _____ Date 03-27-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Ponce to Ethel Boyce

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 98 Grave 5 Row _____ Section 2 Division/Block 7

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
MAR 27 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 3500

Paid receipt number 33219 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 _____

Ernest E. Ponce
Signature#
975 Montecito way
Address
Ramona, Calif. 92065
State Zip Code
619-789-6288
Telephone#

Work Order # E 5814

Invoice # _____

Acct. # _____

#11261

Need to

Athelle Boyce
12530 Royal Rd

Ap. 15

El Cajon, Ca 92021

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33219

Date: 03-27, 1986

From: Chalee Boyce Address: 12530 Royal Rd, El Monte, Calif

In full Payment of transfer of property Dollars (\$ 35.00)

Lot 98 Grave 511 Row _____ Section 2 Division 7 Block

Invoice No. _____
 Acct. No. _____
 W.O. E-5814
 Unpaid Balance after this Payment 0

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

CITY AUDITOR
MAR 31 1986

ISSUED BY B. 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	<u>35.00</u>
Sales Tax	80101	
	8030	
TOTAL PAID	0	<u>35.00</u>

Pre-Need At Need On Acct
 Ck Cash

E5814

RECORDING REQUESTED BY

Recorded 1-12-73

AND WHEN RECORDED MAIL TO

MOUNT HOPE CEMETERY

P. W. Lehner Cem. Mgr.

Name ERNEST PONCE
Street Address 12005 Rockcrest Road
City & State Lakeside, Calif. 92040

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIX § I. R. STAMPS IN THIS SPACE

2-1 C

Quitclaim Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

MARIA A. PONCE

hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to

EZEKIEL ERNEST PONCE

the following described real property in the CITY OF SAN DIEGO county of SAN DIEGO state of California:

LOT 98 GRAVES number, 3, 4 and 5, Section 2
Division 7; at MOUNT HOPE CEMETERY.

*Lot 98, Grave 5, Sect 2 Divn 7
transferred to Athlee Boyce 3/27/86
WDE-5814*

Dated JANUARY 10, 1973

Maria A. Ponce
MARIA A. PONCE

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Pre need for

Date 3-28-86

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

of Eliaz Ray Durst

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 179 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 395⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

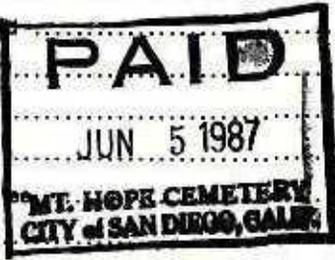
Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____

Sales taxes _____



20⁰⁰ - or more per month

Total Due 395⁰⁰
 Paid receipt number 33226 ✓ 20⁰⁰
 Balance due 375⁰⁰
5/6/86 33328 ✓ 20⁰⁰
355⁰⁰

I hereby certify I am the myself (cover) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 Eliaz Ray Durst
 Signature
109 So. 58th St.
 Address
San Diego Ca 92114
 City Zip Code

Signature of recorded holder of deed _____

Telephone _____

Work Order # **E 5815**

Invoice # _____

PY-583 (REV. 8-85)

Acct. # _____

Deed # 11409

Legal typed

6-4-86 33414 ✓

355⁰⁰
20⁰⁰
335⁰⁰

7-4-86 33511 ✓

20⁰⁰
315⁰⁰

8-5-86 33618 ✓

20.00
295⁰⁰

9-2-86 33690 ✓

20
275⁰⁰

10-1-86 33785 ✓

20⁰⁰
255⁰⁰

11-13-86 33911 ✓

40⁰⁰
215⁰⁰

12-3-86 33967 ✓

40⁰⁰
175⁰⁰

1-6-87 34064 ✓

20⁰⁰
155⁰⁰

02-03-87 34158 ✓

20⁰⁰
135⁰⁰

03-04-87-34260 ✓

20⁰⁰
115⁰⁰

04-01-87-34374 ✓

20⁰⁰
95.00

05-05-87 34514 ✓

20⁰⁰
75⁰⁰

E5815

6-02-87 34635

75.00 subT

-20.00

\$55.00

6-05-87 34659

55.00

— 0 —

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No. 33226

Date: 3/28/86, 19

From: Elijah Jay Durst Address: 109 La 58th St #D 92114
Forestry club
 In part Payment of Burial T.P. Cemetery grave space Dollars (\$ 20.00)

Lot 179 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5815

Unpaid Balance after this Payment 375.00

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
 APR 01 1986

ISSUED BY [Signature]

CREDIT	67007	
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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

14

**Elijah Ray Durst
109 So. 58th St.
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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



\$ **20.00**

E month

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

E 5815

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

No 33328

Date: 5/6/86 19

From: Elijah Dust Address: 109 So 58 St - Apt 92114
Twenty and 1/2

In Part Payment of On Pre need part Dollars (\$ 20⁰⁰)

E-5815 - Needs Payment Book

Lot 179 Grave 1 Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. _____

Unpaid Balance after this Payment 355⁰⁰

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 08 1986
ISSUED BY: [Signature]

CREDIT	67007		
30% Sales Care	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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33414

Date: 06-04, 1986

From: Chickson, Durt Address: 10920 51st St, San Diego, CA 92114

10000 Dollars (\$ 10,000)

In mt Payment of Principal Int

Lot 179 Grave F Row 1 Section 1 Division 13 Block 13

Invoice No. _____
 Acct. No. _____
 W.O. F-5815
 Unpaid Balance after this Payment \$535.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
AUDITOR
JUN 06 1986
 ISSUED BY L. D. H. H.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20.00</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>\$ 20.00</u>

Pre-Need At Need On Acct
 Ck Cash

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5815

E5815

Elijah Ray Durst

109 So. 58th St

San Diego, CA 92114

Month and Day Due Indicated Below

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

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

10th

\$ 20.00

Amount due if paid more than 15 days
after due date above.

\$ 1.00

\$ 21.00

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENWOOD RETAIN

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

No 33511

Date: 07-04, 1986

From: Elmer Ray Durst Address: 109 So. 58th St. San Diego, 92114

Twenty and no/100 Dollars (\$ 20⁰⁰)

In part Payment of Advance Lat - Credit Sale
Coupon # 2

Lot 179 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5815

Unpaid Balance after this Payment 315⁰⁰

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
 JUL 08 1986

ISSUED Raymond [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Openings & Service Charges	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		<u>20</u>	<u>00</u>

DO NOT MAIL ENTIRE BOOK
ACCOUNT No. E-5815

E5815

Elijah Ray Durst
109 So. 58th St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

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



\$ 20.00

10th of month

Amount due if paid more than 15 days
after due date above.



\$ 1.00

\$33511

\$ 21.00

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33618

Date: 08-05, 1986

From: Clyde R. Durst Address: 10950 58th St Ca 92114
Twenty and no/100 Dollars (\$ 20.00)
 In part Payment of Credit sales lot

Lot 179 Grave 1051 Row _____ Section 1 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E5815
 Unpaid Balance after this Payment \$29.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
AUG 07 1986
 ISSUED BY B. Long

CREDIT	87007		
20% Sales Care	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>

Pre-Need At Need On Acct
 Ck Cash

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

3

DO NOT MAIL ENTIRE BOOK

E5815

ACCOUNT No. **E-5815**

Elijah Ray Durst
109 So. 58th St
San Diego, CA 92114

Month and Day Due Indicated Below

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

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



\$ **20.00**

0th

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33690

From: Elijah Ray Durst Address: 109-5058th St 92114
 Date: 9/2/86, 19
 In Twenty Dollars (\$ 20⁰⁰)
 Payment of Coupon #4 - Credit Sales On hand

Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E 5815
 Unpaid Balance after this Payment \$275⁰⁰

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

CITY AUDITOR

SEP 05 1986/1986

[Signature]

ISSUED BY _____

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

Pre-Need At Need On Acct
 Ck Cash

Send or bring one coupon with each invoice

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elifjah Ray Durst
109 So. 58th St.
San Diego, CA 92114**

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.



\$ **20.00**

Amount due if paid more than **month**
15 days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33785

Date: 10-11, 1986

From: Slipik Trust Address: 109 So. 58th St. La Jolla 92034
Trust, and no. 100

Dollars (\$ 21.00)

In cash Payment of purchase lot

Lot 179 Grave 1 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5815

Unpaid Balance after this Payment \$2.55⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR

OCT 10 1986

ISSUED BY S. Long

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	20	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			21 00

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elijah Ray Durst
109 So. 58th St
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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



\$ **20.00**

10th

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 33911


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 From: Blijak B. Nurst Address: 109 So. 58th St La Jolla 92037 Date: 11-13, 1986

 In part Payment of Preneed lot sales Dollars (\$) 40⁰⁰

 In part Payment of Coupon 6 + 7
 Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5815BALANCE DUE \$215⁰⁰Pre-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 17 1986

ISSUED BY

B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>40 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63083	
	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>40 00</u>

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5815

Elijah Ray Duran 55815
 109 So. 58th St.
 San Diego, CA-92114

Month and Day Due Indicated Below

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

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

\$ 20.00

1 month

Amount due if paid more than 15 days
after due date above.

\$ 1.00

Cash

\$ 20.00

Amount Received \$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elijah Ray Durst
109 So. 58th St
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th



\$ **20.00**

Amount due if paid more than **15** days
after due date above.

15



\$ **1.00**

Cash

20.00

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

OFFICIAL RECEIPT

No 33967



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 12-3, 1986
From: Elisabeth R. Durst Address: 109 So 58th St. L.A. Ca 92114
Fortland no 100
In part Payment of Preneed lot Dollars (\$ 40⁰⁰)

Lot 179 Grave 1 Row _____ Section 1 Division 12

Invoice No _____
Acct. No _____
W.O. E 5815
BALANCE DUE \$175⁰⁰

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

CREDIT	57007		
20% Sales Com	77184	<u>40</u>	<u>00</u>
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	8022		
Sales Tax	80101		
	76380		
TOTAL PAID	\$	<u>40</u>	<u>00</u>

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

ISSUED BY B. Long

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **R-58T5**

⑧

Elijah Ray Durst E5815
109 So. 58th St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

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



\$ **20.00**

f month

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

20⁰⁰
12/2

Amount Received

\$ _____

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

Elijah Ray Durst *E5815*
109 So. 58th St
San Diego, CA 92114

Month and Day Due Indicated Below

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

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



\$ **20.00**

Amount due if paid more than **10th** 15 days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

20⁰⁰
12/2
NAME _____

ADDRESS _____

CITY _____

STATE CA

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34064



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

Date: 1-6-87, 19

From: E.R. Durat Address: San Diego 92114

In Twenty Dollars (\$ 20⁰⁰)
in Coupon # Payment of Credit Balance - Coupon # 10 -

Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5815

BALANCE DUE \$155⁰⁰

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 08 1987
ISSUED BY Loeyen Smith

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	60033		
	9022		
	80101		
	78390		
TOTAL PAID		20	00

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5815

(8) 10
E-5815

Elijah Ray Durst
109 So. 58th St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

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



\$ 20.00

Amount due if paid more than ^{1 month} 15 days
after due date above.



\$ 1.00

and *cash*

\$ 20.00

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

OFFICIAL RECEIPT

No 34158


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 284-3151
Date: 02-03, 1987From: Clara R. Durst Address: 109 So. 58th St. S.D. Ca 92114
Twenty and no/100 Dollars (\$ 20.00)
 In part Payment of Preced lot (#11)

 Lot 179 Grave 1 Row _____ Section 1 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E5815BALANCE DUE \$135.00Pre-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. King

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
60% Sales of Lots	100		
77184			
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>20</u>	<u>00</u>

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elijah Ray Durst
109 So. 58th St
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

0th  \$ **20.00**

Amount due if paid more than **15** days
after due date above.

 \$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34260



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 03-04, 1979

From: Blind & Murst Address: 109 1/2 5th St. San Diego 92114

Amount paid in full Dollars (\$ 20.00)

In part Payment of Advance lot

Lot 179 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5115

BALANCE DUE \$ 115.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-66)

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

ISSUED BY [Signature]

CREDIT	67007	
25% 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	77183	
Pre-Need Trust	100	
	9022	
Sales Tax	63085	
	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elijah Ray Durst
109 So. 58th St.
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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



\$ **20.00**

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34374



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 04-01, 1917

From: Elijah R. Durant Address: 109 So. 5th St. No. 92114
Turkey and No. 100

Dollars (\$ 20.00)

In part Payment of Preneed lot

Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5815

BALANCE DUE \$95.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-28)

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

ISSUED BY B. Lang

CREDIT	67007	
50% Sales Care	77184	
80% Sales of Lots	100	<u>20 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77183	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76380	
TOTAL PAID	\$	<u>20 00</u>

Send or bring one coupon with each remittance

COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E5815

**Elifah Ray Durst
109 So. 58th St
San Diego, CA 92114**

Month and Day Due Indicated Below

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

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

10th

\$ **20.00**

Amount due if paid more than **15** days
after due date above.

\$ **1.00**

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
 264-3151

No 34514

Date: 05-05, 1987

From: Elvira Durst Address: 109 So. 58th St SD Ca 92114

Twenty and no/100 Dollars (\$ 20⁰⁰)

In full Payment of Preneed lot

Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No _____

Acct. No _____

W.O. E-5115

BALANCE DUE \$75⁰⁰

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. Tang

CREDIT	87007	
20% Sales Care	77184	<u>19⁰⁰</u>
80% Sales of Lots	100	<u>1⁰⁰</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	80033	
	8022	
Sales Tax	80101	
	78980	
TOTAL PAID	\$	<u>20⁰⁰</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 34635

From: Elijah Durst Address: 109 So 58th St. SD. 92114 Date: June 2, 1987

In part Payment of Pre-need T.P cemetery grave space Dollars (\$ 20.00)

Lot 179 Grave 1 Row _____ Section 1 Division 12

Invoice No. 9
 Acct. No. _____
 W.O. E 5815
 BALANCE DUE 55.00

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

ISSUED BY Dave Lounney

CREDIT	67007		
20% Sales Com	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	63033		
Sales Tax	9322		
	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

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

Use this coupon with each remittance
DO NOT MAIL ENTIRE BOOK

COUPON

15

ACCOUNT No. **E-5815**

E5815

Elijah Ray Durst
109 So. 58th St
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above:

10th



\$ 20.00

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

15



\$ 1.00

\$ _____

NAME

Elijah Durst

Amount Received

\$ 20.00

ADDRESS

109 Soth 58th St

CITY

S. D

STATE

ZIP

92114

check (✓) if this is new address

OFFICIAL RECEIPT

No 34659



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

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

Date: 06-05, 1987

From: Clifford R. Durst Address: 109 So 5th St San Diego 92114

fifty five and no/100 Dollars (\$ 55⁰⁰)

In full Payment of Preneed lot

Lot 179 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E5815

BALANCE DUE 0

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 B. J. King

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	55	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77183		
Recording & Misc. Fees	77163		
Pre-Need Trust	80033		
Sales Tax	80101		
	76290		
TOTAL PAID	\$	55	00

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5815**

E 5815

**Elijah Ray Durst
109 So. 58th St.
San Diego, CA 92114**

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.



\$ **20.00**

1 month

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/28/86

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

of Claude Lee Wynne
 in a T.S. Vault Funeral, date, time Thurs-4/3-11 Am
 Church, Chapel, Graveside Church + G.S.; Ragsdale Mortuary.

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

✓ Lot 4 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Per-need _____

Additional spaces and care fund _____

Opening/Closing & Setup Per Paul E-1118 _____

Burial Container up grade to T.S. Vault 100.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 141.00

Paid receipt number 33227 141.00

Balance due 0

PAID
MAR 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 _____

Garnette M. Wynne
Signature

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5816

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 33227

Date: 3/28/86

From: Mr. Claude W. Wynn Address: 2161 Valwood St - 92139

One hundred forty one and no/100 Dollars (\$ 141.00)

In full Payment of Interment fees - Vault up grade

Lot 4 Grave 45 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5816

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 01 1986

ISSUED BY [Signature]

CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	106.00
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	35.00
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	0	141.00

E5816

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Claude Lee Wyan		SEX Male	DATE OF BIRTH March 27, 1915	DATE OF DEATH March 26, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Jarnetter Wynn - Wife 2161 Valner Court San Diego, CA 92139	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 2 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 3 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Harold E. Ramirez 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 3-28-86

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

of Emilie Kopf
in a TS Vault Funeral, date, time Wed 4/2 2PM
Church, Chapel, Graveside The 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 1347 Grave _____ Row _____ Section 1 Division/Block 8

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 33244 710.50

Balance due 0

*Mortuary
to bring check*

PAID
APR 2 1986
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 5817

PY-593 (REV. 8-86)

Phoned in

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33244

Date: 14-12, 1976

From: Mrs + PB Mortgage Address: 4710 Camt + Vista 92109

seven hundred ten and 50/100 Dollars (\$ 710.50)

In full Payment of Amelia Kapp Service

Lot 1347 Grave 104 Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.D. E-5817

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 APR 04 1986

ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
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>205.00</u>
Sales Tax	80101		
	8020		<u>10.50</u>
TOTAL PAID			<u>710.50</u>

E5817

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT EMILIE - KOPF		SEX FEMALE	DATE OF BIRTH JAN. 27, 1896	DATE OF DEATH MARCH 28, 1986
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 ANNELISE KRAGER-DAUGHTER 3698 SYRACUSE CT. SAN DIEGO, CA 92122
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PACIFIC BEACH MORTUARY			CALIFORNIA LICENSE NUMBER 815	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAR 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Barnes, M.D. of</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

Preneed lot for

Date *03-28-86*

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

of *Richard B. Powers*

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 *62* Grave *3* Row _____ Section *5* Division/Block *2*

Grave space & Care Fund *495.00*

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 *495.00*

Paid receipt number *33119* *95.00*

Balance due *400.00*

See E-5826

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 5818**

Invoice # *041828*

Acct. # *016757*

E5818

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

No 33119

Date: 2/19-86

From: Annette Safford Address: 1390 Oakdale Ave #A - El Cajon 92021

Ninety Five and 00/100 Dollars (\$ 95⁰⁰)

In Part Payment of Deposit on Deed in

Section 5 of Div 2 - a single space

Lot 62 Grave 3 Row - Section 5 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. _____

Unpaid Balance after this Payment 400⁰⁰

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 Joseph [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	95 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		95 ⁰⁰

Rec'd credit sale

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 19 day of February, 1986, between Annette Safford, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 62, Grave 3, Row —, Section 5, Block/Division 2, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 495⁰⁰, payable as follows: \$ 95⁰⁰ cash herewith, the receipt of which is hereby acknowledged; \$ 50⁰⁰ on the 10 day of April, 1986; and the balance in installments of \$ 50⁰⁰ or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

Invoice 041828

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of this Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property purchase and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

Deed to be issued to:

*For his
use*

Richard B. Powers
Name

1390 Oakdale Ave #A
Address

El Cajon, Ca 92021

PURCHASER

s/Annette Stafford

(same)

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: George W. Stetter
cm

Richard Powers

- deceased -

4-2-86 - E-5826

041828 04/09/86 016757 CHRISTINA WILLIAMS

~~E-5418-26~~
5818-26

100 072
100 072
100 072
100 072
60101
67007

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,824.80

05/01/86 CK E5818-26

77181 000072
77182 000072
77183 000072
77184 000072
9020
77184

1,424.80
320.00
330.00
355.00
301.00
19.80
99.00

1,424.80 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/31/86

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

of Roy Clifford Myrens

in a -Top Seat- Funeral, date, time 4/19/86 1 P.M. Tue

Church, Chapel, Graveside Chapel # 25; Claymont 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 53 Grave 17 Row - Section 2 Division/Block 11

Grave space & Care Fund 495.00

Additional spaces and care fund - none -

Opening, Closing, & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases -

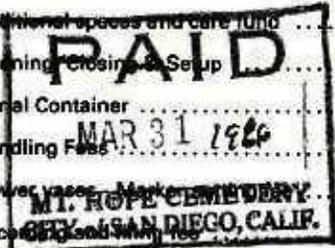
Reception and viewing fee 36.00

Sales taxes 10.50

Total Due 1205.50

Paid receipt number 33228 1205.60

Balance due 0



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 _____

Jack Myrens
Signature
1623 STEVEN DR.
SAN DIEGO CA 92139
State _____ Zip Code _____
267-1127
Telephone _____

Work Order # E 5819

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

No 33228

Date: 3/31/86, 19

From: Jack H. Myrnes Address: 6235 Plateau Dr. San Diego - 92139

Twelve Hundred and 9/100 Dollars (\$ 1205.50)

In full Payment of Interment fees for Roy Clifford Myrnes - a Veteran

Lot 53 Grave 7 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5819

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
 APR 04 1986
 00864108
 ISSUED BY Roy H. Stetter

CREDIT	67007	
20% Sales Tax	77184	99 00
80% Sales of Lots	100 77184	396 00
Openings & Service Charges	100 77181	320 00
Earl Containers	100 77182	175 00
Recording fees or misc. service fees	100 77183	205 00
Sales Tax	80101 8020	10 50
TOTAL PAID		1205 50

E5819

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Roy C. Myrskog		SEX Male	DATE OF BIRTH July 21, 1961	DATE OF DEATH March 26, 1986
PLACE OF DEATH—CITY OR TOWN Seattle		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Washington		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Jack H. Myrskog—Father 6235 Platano Drive San Diego, CA 92117
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clairmont Mortuary		CALIFORNIA LICENSE NUMBER F-1126		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED DA		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION DA			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS DA			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 01 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Brown, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		APR 1 1986 (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.

BURIAL - TRANSIT PERMIT

E5819

73-688

1 NAME-FIRST MIDDLE, LAST [REDACTED]		2 SEX Male	DEATH DATE (MO DAY YR) 146-8	STATE FILE NUMBER 146-8
5. AGE - LAST BIRTH DAY (YRS) 24		6. BIRTH YEAR 1961	7. BIRTH MONTH AND DAY July 21, 1961	8. COUNTY OF DEATH King
10. CITY/TOWN OR LOCATION OF DEATH Seattle		11. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN-TRANSPORT <input type="checkbox"/> EMERG RM/OUT PTH <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Veterans Administration Medical Center		12. RECEIVED EMERGENCY CARE AMBULANCE, PRETR. PAID? YES/NO
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) California	14. CITIZEN OF WHAT COUNTRY U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	16. SPOUSE (IF WIFE GIVE MAIDEN NAME) ---	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) Yes
18. SOCIAL SECURITY NO. 564-49-8039				
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) REMOVAL/BURIAL		31. DATE (MO DAY YR) 3/29/1986	32. CEMETERY/CREMATORY - NAME RIVERSIDE NATIONAL CEMETERY, RIVERSIDE, CALIFORNIA	
34. FUNERAL DIRECTOR SIGNATURE [Signature]		35. NAME OF FACILITY EVERGREEN WASHelli FUNERAL HOME, SEATTLE, WA. 98133	33. LOCATION - CITY/TOWN, STATE RIVERSIDE, CALIFORNIA	
		36. ADDRESS OF FACILITY SEATTLE, WA. 98133		

FUNERAL DIRECTOR

THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF WASHINGTON, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THE BODY AS STATED ABOVE.

REGISTRAR

REGISTRAR ADDRESS
SeattleREGISTRAR SIGNATURE
[Signature]DATE SIGNED (MO DAY YR)
3-28-86

IF CAUSE OF DEATH WAS A COMMUNICABLE OR INFECTIOUS DISEASE SPECIFY THE DISEASE:

CEMETERY OR CREMATORY SHALL FILL OUT SPACE BELOW

SEXTON

BODY WAS _____ ON _____ IN _____
(BURIED OR CREMATED) (MO DAY YR) (CEMETERY OR CREMATORY)PLACE _____ SIGNATURE X _____
(SEXTON OR PERSON IN CHARGE)

SEE OTHER SIDE

THIS PERMIT MUST BE ENDORSED BY THE SEXTON WHERE INTERMENT IS MADE (OR BY THE FUNERAL DIRECTOR WHERE THERE IS NO SEXTON). RETURN WITHIN 10 DAYS TO THE REGISTRAR OF THE DISTRICT IN WHICH THE CEMETERY IS LOCATED.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-31-86

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

of Etchel Dunham
 in a Bell Funeral, date, time Wed 4/2 10 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 43 Grave 10 Row _____ Section MAS Division/Block 0

Grave space & Care Fund Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

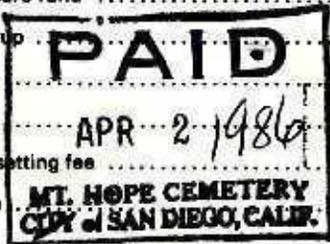
Burial Container 100.00

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 33239 606.00

Balance due 0

*Called by
 Helen Chapman
 426-7891*

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 5820**

PY-583 (REV. 8-85)

*Use our liner
 per Jim @ Greenwood.*

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33239

Date: 04-02, 1986

From: Innocent M. ... Address: PO Box 88 ...

my number ... Dollars (\$ 606.00)

In full Payment of eternal ...

Lot 43 Grave 10 Row _____ Section MAS Division Block 0

Invoice No. _____

Acct. No. _____

W.O. E-5820

Unpaid Balance after this Payment 0

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 B. Lang

CREDIT	87007		
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 inst. service fees	100	180	00
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID		606	00

E5820

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Ethel Fay Dushan		SEX Female	DATE OF BIRTH Jan. 24, 1892	DATE OF DEATH Mar. 29, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Helen Chapman-Daughter 677 G Street, #69 Chula Vista, CA 92010	
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 Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
DISINTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ X <i>Helen Chapman</i> DATE SIGNED March 30, 1986
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 02 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	(CENTRAL DATE) APR 2 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Rosell L. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Lejunette</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 3-31-86

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

of William J. Duarte
 in a Double Crypt Funeral, date, time Wed 4/2 2 PM
 Church, Chapel, Graveside Claremont 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 1607 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Preced

Additional spaces and care fund

Opening/Closing & Setup 105.00 330.00

Burial Container 60.00 330.00

Handling Fees 40.00 320.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 2.40 79.80

PAID
 MAR 31 1986
 MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF.

Total Due 242.40 242.40

Paid receipt number 33230 242.40

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.

Mary E. Duarte
 Signature of recorded holder of deed

Mary E. Duarte
 Signature
P.O. Box 17674
 Address
SAN Diego CA. 92117
 State 376 3491 Zip Code
 Telephone

Work Order # E 5821

Invoice # _____

FD-583 (REV. 8-80)

Acct. # _____

Flower Vases (2) 4-16-86 #33287

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33230

Date: 03-31, 1986

From: Mary D. Smart Address: PO Box 17674 La Jolla 92017

two hundred forty two and 4/100 Dollars (\$ 242.40)

In full Payment of William D. Smart Service

Lot 1607 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5821

Unpaid Balance after this Payment 0

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 B. [Signature]

CREDIT	87007		
20% Sales Tax	77184		
50% Sales of Loss	100		
	77184		
Openings & Service Charges	100		105.00
	77181		
Burial Containers	100		46.00
	77182		
Recording fees or misc. service fees	100		95.00
	77183		
Sales Tax	80101		2.40
	80200		
TOTAL PAID	0		242.40

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33287

Date: 1-4-16, 1916

From: Walter J. Dumite Address: PO Box 17674

Montezuma and 24100 Dollars (\$ 31.80)

In full Payment of 2 Flowers vase for
William J. Dumite

Lot 1447 Grave _____ Row _____ Section _____ Division Block 10

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

APR 21 1986

ISSUED BY B. B. B.

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	10.00
	77182	
Recording fees or misc. service fees	100	21.80
	77183	
Sales Tax	80101	6.00
	8020	
TOTAL PAID		\$ 31.80

E5821

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT William Jacinth Duarte		SEX Male	DATE OF BIRTH July 17, 1926	DATE OF DEATH March 27, 1986
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 Mary E. Duarte-Wife 4451 Onondaga Avenue San Diego, CA 92117	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clairemont Mortuary		CALIFORNIA LICENSE NUMBER F-1126		

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 NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory 1-805 G Imperial Avenue, San Diego, CA	DATE CREMATED APR 1 1986	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	<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 <i>Mrs. E. Duarte</i> DATE SIGNED 3-31-1986
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 0 1 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dr. A. L. ...</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Robert Garcia</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

3/31/86

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

of Edna Dodson Nance

in a Paired-Route Vault Funeral, date, time Wed 4/2/86-3P.M.

Church, Chapel, Graveside 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 No

Lot 7 Grave 477 Row _____ Section 12 Division/Block 7

Grave space & Care Fund Deed 53.56 - 0

Additional spaces and care fund 0

Opening/Closing & Setup 105⁰⁰

Burial Container Paired to Sign Natural 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales tax 2.40

Total Due 242.40

Paid receipt number 33231 242.40

Balance due 0

PAID
MAR 31 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 _____

Wanda S. Hoyle
Signature
24811 Lyon St.
Address
San Diego, CA 92102
State
262-1972 Zip Code
Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5822**
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
 264-3151

No. 33231

Date: 3/31 86

From: Wanda L. Harlan Address: 4811 Lyoul - San D. 92102

Two hundred forty two and 40/100 Dollars (242.40)

In full Payment of Interment fees + graveside setup for
Interment of Edward W. Harlan in grave of his son -

Lot --- Grave 477 Row --- Section 12 Division Block 7

Invoice No. ---

Acct. No. ---

W.O. E-5822

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

5228194580

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 APR 04 1986

ISSUED Lozano

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Opening & 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

E5822

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Edna Dodson Nance		SEX Female	DATE OF BIRTH Oct. 15, 1917	DATE OF DEATH March 28, 1986
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Wanda L. Harlan-Daughter 4811 Lyon Street San Diego, California 92102
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 Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED APR 1 1986	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 NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		

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

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA
----------------	---

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 01 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald H. ... M.D.</i>
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CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1986 (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 3-31-86

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

of Bessie E. McIntyre

in a Bell Vault/Liner Funeral, date, time Wed 4/2 10:30

Church, Chapel, Graveside Delivery; Berge-Rhts 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 3364 Grave _____ Row _____ Section _____ Division/Block 10

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 set _____

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33235 606.00

Balance due 0

PAID
APR 1 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Ernie at Berge
Call w/ total 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.

Lillian B. McIntyre
Signature of recorded holder of deed

Lillian B. McIntyre
Signature
3025 E. Skyway Street
Address
National City, Ca 92050
City
415-2988
Telephone
92050
Zip Code

Work Order # **E 5823**
CV-693 (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 33235

Date: 04-01, 1986

From: William B. McIntyre Address: 3025 S. 6th St. N.E. Pa. 9050

by hundred and no/100 Dollars (\$ 606.00)

In full Payment of William B. McIntyre

Lot 3364 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5123

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 1986
 APR 04 1986

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>320.00</u>
	77181	
Serial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>180.00</u>
	77183	
Sales Tax	80101	<u>606.00</u>
	8030	
TOTAL PAID		\$ <u>606.00</u>

E5823

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT HESSIE E. McINTYRE		SEX Female	DATE OF BIRTH April 7, 1888	DATE OF DEATH March 31, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Miss Lillian McIntyre-Daughter 3025 E. sixth Street National City, CA 92050	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BERKE-ROBERTS MORTUARY		CALIFORNIA LICENSE NUMBER F-284		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR - 2 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Carroll, 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-01-86

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

of Betty Marie Mitchell
in a Bell Victorian Funeral, date, time Thurs 4/3 12:00
Church, Chapel, Graveside 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 _____

✓ Lot 20 Grave 11 Row _____ Section 15 Division/Block 7

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
APR 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 606.00

Paid receipt number 33246 606.00

Balance due 0

*Called by
mortuary -
will 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 _____

Signature# _____

Address _____

Date _____ Zip Code _____

Telephone# _____

Work Order # E 5824

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 33246

Date: 04-03, 1986From: Featheringill Mort. Address: 6322 St. Canyon Road San Diego 92115Six hundred six and no/100 Dollars (\$ 606.00)In full Payment of Betty Marie Mitchell ServiceLot 20 Grave 11 Row _____ Section 15 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5824Unpaid Balance after this Payment 0Pre-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
 APR 10 1986

ISSUED BY B. Wang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320.00
	77184	
Burial Containers	100	100.00
	77182	
Recording fees or misc. service fees	100	180.00
	77183	
Sales Tax	80101	6.00
	9020	
TOTAL PAID		606.00

E 5824

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BETTY MARIE MITCHELL		SEX female	DATE OF BIRTH Nov. 4, 1900	DATE OF DEATH Mar. 28, 1986
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 Roy J. Gosselin, brother 5 Fromby Lane Bella Vista, Ark. 72714	
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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 1 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	APR 3 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Rennie, M.D., Co. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 4/1/86

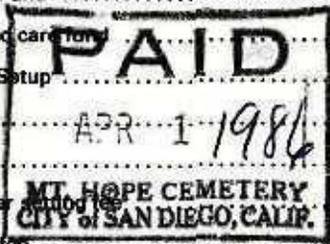
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marjorie P. White
in a lined Vault/Liner Funeral, date, time 4/3 Thurs 2 P.M.
Church, Chapel, Graveside Church + S.S.; Paysondale 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 6 Row — Section 2 Division Block 11

Grave space & Care Fund		<u>250⁰⁰</u>
Additional spaces and care fund	<u>NONE</u>	
Opening/Closing & Setup		<u>320⁰⁰</u>
Burial Container		<u>100⁰⁰</u>
Handling Fees		<u>145⁰⁰</u>
Flower vases - Marker		<u>—</u>
Recording and filing fee		<u>35⁰⁰</u>
Sales taxes		<u>6⁰⁰</u>
	Total Due	<u>856⁰⁰</u>
	Paid receipt number <u>33232</u>	<u>856⁰⁰</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.

Charles Greene
Signature
Address 3814 Logan Av
State CA Zip Code
762-7354
Telephone 92113

Signature of recorded holder of deed

Work Order # E 5825
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 33232

Date: 04-01, 1976

From: Charles Trecae Address: 3814 Logan Blvd N.C.R. 9-111
Eight hundred twenty five and 00/100 Dollars (\$ 856.00)
 in Full Payment of Marjorie P. White, services

Lot 68 Grave 65 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5825
 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 1986
 ARR 04 1986
 ISSUED BY B. Tang

CREDIT	67007		
20% Sales Tax	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	100 77184	<u>300</u>	<u>00</u>
Opening & 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>100</u>	<u>00</u>
Sales Tax	60101 9020	<u>6</u>	<u>00</u>
TOTAL PAID		<u>856</u>	<u>00</u>

E5825

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT MARJORIE "P" WHITE		SEX Female	DATE OF BIRTH July 12, 1910	DATE OF DEATH Mar. 30, 1986
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 Charles Green - Son	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	3814 Logan Avenue San Diego, California 92102	

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 2 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 3 1986 <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Ramirez, 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 4/1/86

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

of Richard B Powers

in a Double Crypt Funeral, date, time 4/2 - Wed - 2 P.M.

Church, Chapel, Graveside Graveside; Hempflinger 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 62 Grave 2 Row _____ Section 5 Division/Block 2

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 320.00

Burial Container _____ 330.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 19.80

Total Due _____ 1024.80

Bal - \$400.00 on E-5818
1024.80
\$1424.80 from funeral - 30 day -

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.

Signatures of recorded holder of deed _____

96 Dustin C. Williams
Signature _____
Address 1111 Cooper
State S.D., Ca. Zip Code 92122-5021
Telephone _____

Work Order # E 5826

Invoice # 041828

Acct. # 016757

PY-593 (REV. 8-85)

#11384

NOTE—STRAIGHT

\$ 1424⁸⁰/₂ San Diego, California, April 1-1986, 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 Fourteen Hundred Twenty four and ⁸⁰/₁₀₀ DOLLARS,
with interest from May 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 *William C. Sullivan*

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/5/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3161

No. 33317

Date: 4/30/86 19

From: Patricia Power Barth Address: 3481 Caspella Dr 92104
 Fourteen Hundred Seventyfour and 80/100 Dollars (\$ 1424.⁸⁰/₁₀₀)
 In full Payment of Interment of Richard B Power - dec

Lot 62 Grave 3 Row Section 5 Division Block 2

Invoice No. 041828
 Acct. No. 016757
 W.O. E-5826
 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	
	8020	
TOTAL PAID		1424.80

Pre-Need At Need On Acct
 Ck Cash
 3418
 AC-212 (Rev. 8-38)

ISSUED BY: [Signature]

E5826

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT RICHARD BOYCE POWERS		SEX Male	DATE OF BIRTH 09-27-1918	DATE OF DEATH 03-31-1986
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 Christina Williams (Daughter)
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964	3053 33rd Avenue S.W. Seattle, WA 98126	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR - 2 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	APR 2 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-need
Trust Deposit
over*

(MANNIE)

Date 4/1/86

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

Minnie Ruth BOOKER - herself
in a top level vault Funeral, date, time Pre-need

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 115 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund See E-5828

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container top level Vault - Concrete 175.00

Handling fees 170.00

Flower vases - APR Marked setting fee / 486

Recording and filing fee 35.00

Sales taxes 10.50

PAYD
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 710.50

Paid receipt number 33236 710.50

over 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.

Minnie Ruth Booker
Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 5827

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33236

Date: 4/1/86, 1986

From: Ruth Booker Address: 5012 Elm St - S.D. 92102

Seven Hundred Ten and 50/100 Dollars (\$ 710⁵⁰/₁₀₀)

In full Payment of Deposited into trust for future Pre-need

for herself - Open & Close - T.S. Vault - Pre. fee -

Lot 115 Grave 2 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5827

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 OFFICE
 CITY AUDITOR
 APR 04 1986
 Royce Stokes
 Cemetery Mgr.

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		
Person Sales Tax	80101	10.50
9030		
TOTAL PAID		710.50

63033-9022

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Pre-need
for herself*

Date

4/1/86

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

of *Minnie* *Ruth Booker*

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 *115* Grave *2* Row *-* Section *2* Division *12*

Grave space & Care Fund *395.00*

Additional spaces and care fund *None*

Opening/Closing & Setup _____

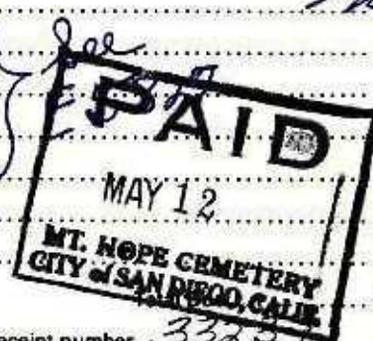
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



Paid receipt number *33257*

Balance due *105.50*

*4/1/86
5-12-86*

myself

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.

Minnie Ruth Booker
Signature

Address _____

State _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed

Work Order # **E 5828**

Invoice # _____

Acct. # _____

PT-593 (REV. 8-85)

#11270

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33237

Date: 4/1/86, 19

From: Ruth Brooker Address: 5012 Elm St - S 92102

Two Hundred Eighty nine and 50/100 Dollars (\$ 289.50)

In part Payment of grave space pre-need for herself

Lot 115 Grave 2 Row — Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5828

Unpaid Balance after this Payment 105.50

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 04 1986

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	289	50
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID		\$	289 50

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33352

Date: 05-12, 1986

From: Ruth Booker Address: 5012 Elm, S.D. Ca 92102

One hundred five and 50/100 Dollars (\$ 105.50)

In full Payment of Precedent

Lot 115 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5828

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR REFUND IF STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
MAY 15 1986

ISSUED BY B. Long

CREDIT	87007	
20% Sales Care	77184	<u>79.00</u>
80% Sales of Loss	100	<u>26.50</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>115.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-01-86

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

of Wanda Jones

in a TS Vault Vault/Linear Funeral, date, time Fri 4/4 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 90 Grave 13 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>175⁰⁰</u>
Handling Fees	<u>170⁰⁰</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>10⁵⁰</u>
Total Due	<u>960⁵⁰</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 _____

Ethelann F. Cheek
Signature 5896 Chaumont Dr.
Address S. D. CA. 92114
City State Zip Code
262-6538
Telephone

Work Order # E 5829
PY-593 (REV. 9-85)

Invoice # 041830
Acct. # 016758

NOTE—STRAIGHT

\$ 961⁵⁰/₁₀₀ San Diego, California, April 4, 1986
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 Nine hundred sixty one and 50/100 DOLLARS.

with interest from June 4, 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 Elizabeth J. Cheek
5896 Chaumont Dr. SD, CA

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address 92114

E5829

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT WANDA JONES		SEX Female	DATE OF BIRTH Dec. 30, 1914	DATE OF DEATH March 30, 1986
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 Carolyn Floyd - Daughter 239 South 45th Street San Diego, California 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Marlet Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 2 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Brown, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		APR 4 1986 (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.

E5829

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/27/86

DATE: 10/27/86
TIME: 210155
PAGE: 4

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
041830	04/09/86	016758	ETHELEAN F. CHEEK			10/24/86		353824226	960.50	960.50	0.00
			100 072	77181		000072			320.00		
			100 072	77182		000072			175.00		
			100 072	77183		000072			205.00		
			100 072	77184		000072			200.00		
			60101	9020					10.50		
			67007	77184					50.00		

E 5829

*unt
dope*

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/2/86

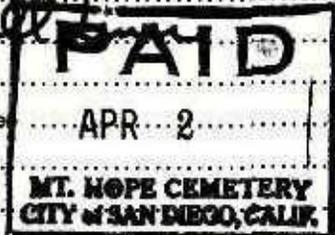
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sireal Chacon Miranda 4/1/86
 in a Levin Vault/Liner Funeral, date, time Mon at 2 P.M
 Church, Chapel, Graveside Chapel 185 ; 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 44 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	<u>35⁰⁰</u>
Recording and filing fee	<u>6⁰⁰</u>
Sales taxes	<u>856⁰⁰</u>
Total Due	<u>300</u>



4/2/86 Paid receipt number 33240 Balance due 556⁰⁰

4/2/86 33242 Brother

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 _____

Lazaro Sanchez Castro
 Signature 642 61 #
 Address SAN DIEGO 92114
 State 264-4622 Zip Code
 Telephone# _____

Work Order # E 5830
 PY 663 (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 33240

Date: 4/2/86, 19

From: Castro Address: 642 - 61st St 22192114
Three Months Dollars (\$ 300.00)
 In Part Payment of Interest for several months - due

Lot 44 Grave 21 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5830
 Unpaid Balance after this Payment 556.00

Pre-Need At Need On Acct
 Ck Cash

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

CITY AUDITOR
 APR 04 1986

ISSUED BY Lozenbitt

CREDIT	87007	
20% Sales Tax	77184	50.00
80% Sales of Lots	100	200.00
	77184	
Openings & Service Charges	100	50.00
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		300.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33242

Date: 04-03, 19 86

From: Barrio Centro Address: 640-64th St San Diego Ca 92114

Five hundred fifty six and 00/100 Dollars (\$ 556.00)

In full Payment of Cost of Burial Services

Lot 44 Grave 804 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5130

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 04 1986

ISSUED BY E. Young

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>270.00</u>
	77181	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>180.00</u>
	77183	
Sales Tax	80101	<u>100.00</u>
	8030	
TOTAL PAID		<u>556.00</u>

E 5830

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ISREAL CHACON MIRANDA		SEX Male	DATE OF BIRTH July 11, 1954	DATE OF DEATH April 1, 1986
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 Lazaro Sanchez Castro - Brother 642 - 61st Street San Diego, California 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 4 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 7 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/2/86

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

of Robbie Allen

in a Raff Lines Vault/Liner Funeral, date, time 4/4 12:30

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 _____

✓ Lot 20 Grave 12 Row - Section 2 Division/Block 11

Grave space & Care Fund 250⁰⁰

Additional spaces and care fund NONE

Opening/Closing & Setup 320⁰⁰

Burial Container 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee -

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

PAID
APR 4 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 856⁰⁰

Paid receipt number 33252 856⁰⁰

Balance due 0

*Ragdale Burial
Club for RRZ*

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 _____

✓ Robbie Allen Jr.
Signature
✓ 18630 Ohio St
Address
✓ Detroit Mich 48221
State
✓ 313-861-1945 Zip Code
Telephone

Work Order # E 5831

Invoice # _____

Acct. # _____

LOT OWNER

E-5831

ALLEN, Mamie, 1605 Honeysuckle Lane SD., CA92114

NAME

ADDRESS

LOT 20 GR. 12 ROW _____ SEC 2 BLK _____ DIV 11

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33252

Date: 04-04, 19 86

From: Anderson-Rapada Address: 5050 Federal Blvd, Ca 92112

In Full Payment of Eight hundred fifty six and 00/100 - Dollars (\$ 856⁰⁰)

Lot 20 Grave 12 Row 1 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5831

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 10 1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Tax	77184	50 00
80% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	180 00
Recording fees or misc. service fees	100 77183	180 00
Sales Tax	80101 8030	0 00
TOTAL PAID		856 00

E5831

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BOBBIE ALLEN		SEX Male	DATE OF BIRTH Sept. 29, 1903	DATE OF DEATH April 1, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mamie Allen - Wife	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	1605 Honeysuckle Lane San Diego, California 92114	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 4 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 4 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. 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

4/3/86

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

of Jeanne Rens

in a Crematorium Funeral, date, time 4/8 - 11 AM - Tues

Church, Chapel, Graveside Graveside; Headbody 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 8 Section 8 Division/Block 7

Grave space & Care Fund Top-left of grave

Additional —

Opening/Cosin 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting —

Recording 35⁰⁰

Sales taxes 24⁰⁰

Total Due 242⁴⁰

Paid receipt number 3324 24240

Balance due 0

PAID
APR 2 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

Jeanne Rens
Signature
13195 Mira Montano Dr
Address
Del Mar, Cal. 92014
State
279-1517
Telephone
Zip Code

Work Order # E 5832
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 33241

Date: 4/2/86, 19

From: Elmuth Reed Address: 13695 Mira Monte Dulman 92014

Two Hundred forty two and 40/100 Dollars (\$ 242⁴⁰/₁₀₀)

In full Payment of Gravement fees for

Lot --- Grave 20^d Row 8 Section 8 Division Block 7

Invoice No. _____

Acct. No. _____

W.D. E-5832

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 6-85) 138

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

CITY NUMBER K186
 APR 04 1986
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	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
	8030	
TOTAL PAID		242 ⁴⁰

55832

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JEANNE LOUISE RENS		SEX FEMALE	DATE OF BIRTH MAY 29, 1912	DATE OF DEATH MARCH 24, 1986
PLACE OF DEATH—CITY OR TOWN LA JOLLA	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT ELMER RENS husband	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GOODBODY MORTUARY		CALIFORNIA LICENSE NUMBER F 790	13695 MIRA MONTANA DRIVE DEL MAR, CALIFORNIA 92014	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED GREENWOOD CREMATORY, SAN DIEGO, CA	DATE CREMATED MAR 26 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>K. McKit</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, SAN DIEGO, CA		COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 26 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 8 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Campos M.D. mm</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

De need

Date 4/4/86

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

of Ruth E. Smith

in a _____ Vault/Urne 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 yes

Lot 103 Grave 8 Row — Section 1 Division/Block 11

Grave space & Care Fund 495⁰⁰

Additional spaces and care fund

Opening/Closing & Setup

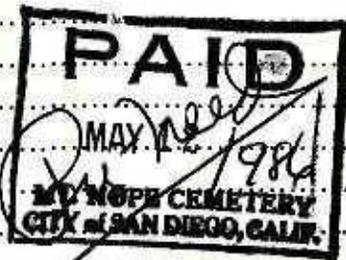
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



4/4 Total Due 495⁰⁰
Paid receipt number 33249 100⁰⁰

5/2/86 33351 Balance due 395⁰⁰
W. J. Self 395⁰⁰

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 E. Smith
Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Work Order # **E 5833**

Invoice # _____

Acct. # _____

PY-483 (REV. 6-85)

#11271

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No. 33249

Date: 2/4/86, 19

From: Ruth C Smith Address: 4995 Farnell St SD / 92109

One Hundred Dollars (\$ 100.00)

In: Pre-need Contract on single grave
 & Care - visit plot next to Deasant

Lot 103, Grave 8 CITY Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5833

Unpaid Balance after this Payment \$395.00

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 5-85)

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

AUDITOR
 APR 10 1986
 1986
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	186.00
	77184	
Overings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or min. service fees	100	
	77183	
Sales Tax	80101	
	9030	
TOTAL PAID		\$ 100.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33351

Date: 05-12, 1986

From: Ruth C. Smith Address: 4995 Farnwood St San Ca 92107

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

In full Payment of Prepaid lot

Lot 103 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5833

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

AUDITOR
 MAY 15 1986
 B. Wang

CREDIT	67007	
20% Sales Care	77184	<u>99.00</u>
80% Sales of Lots	100	<u>296.00</u>
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>395.00</u>

Mrs. Raymond E. Smith
4995 Fanuel St.
San Diego, California 92109
May 9, 1986

Mt. Hope Cemetery, Office,
3751 Market Street,
San Diego, Calif. 92102

Dear Sir:

Please find enclosed the final payment on the grave.

\$395. Thank you very much.

Sincerely,
Ruth C. Smith
Ruth C. Smith and Raymond E. Smith
(two graves)

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of April, 1986, between Ruth C. Smith, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 103, Grave 8, Row , Section 1, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 495⁰⁰, payable as follows: \$ 100⁰⁰ cash herewith, the receipt of which is hereby acknowledged; \$ 100⁰⁰ on the 10 day of May, 1986; and the balance in installments of \$ 100⁰⁰ or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

100⁰⁰ - May 10
100⁰⁰ - June 10
100⁰⁰ - July 10
93 - Aug 10
1986

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

PAID
MAY 12 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of this Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property purchase and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

Deed to be issued to:

Ruth C. Smith
Name

Address

PURCHASER

Street Address (Mail)

City

State

Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4-7-86

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

of Ernest Novotny Sr.

in a ash vault Funeral, date, time Thurs 4/10

Church, Chapel, Graveside upon 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 18 Grave 10 Row _____ Section 4 Division/Block 6

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

Lucille M. Novotny
Signature
41050 1st ST. SP. 91
Address
Escondido 92021
State Ca. Zip Code
Telephone 444-7539

Invoice # _____

Acct. # _____

Work Order #

E 5834

PY-583 (REV. 8-85)

OK - Humphrey
in 5 days
4/7

paid in full as preneed

Preneed

E5834

102 2

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ERNEST NOVOTNY		SEX Male	DATE OF BIRTH March 04, 1897	DATE OF DEATH April 02, 1986
PLACE OF DEATH—CITY OR TOWN El Cajon		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lucille M. Novotny (Wife)	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964	410 So. First Street Sp. #91 El Cajon, CA 92021	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Coastal Cremation, Inc. Pasadena, Ca.	DATE CREMATED APR 4 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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	<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
SCIENTIFIC USE		DATE SIGNED

LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 4 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 10 1986		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 4/7/86

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

of EUGENE-LOUISA-EARLE

in a Topdeal Vault Funeral, date, time held - 2 P.M. - 4/9

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 19 Grave 12 Row + Section 2 Division/Block 11

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>175⁰⁰</u>
Handling Fees	<u>170⁰⁰</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>10⁵⁰</u>
PAID	
APR 7 1986	
MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.	
Total Due	<u>960.50</u>
Paid receipt number <u>33253</u>	<u>960.50</u>
Balance due	<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

Eric Jean Bishop
Signature
48346 EL PASO ST.
Address
LA Mesa, Ca 92041
City
698-3429
Telephone
Zip Code

Work Order # E 5835
PY-503 (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. 33253

Date: 4/7/86, 1986

From: Alvin Jean Bishop Address: 8346 S. Rand St - La Mesa 92041

In full Payment of Interment of Eugene Louis Esler - Des

Lot 19 Grave 12 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-5835

Unpaid Balance after this Payment —

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR
 APR 10 1986
 [Signature]

CREDIT	67007	
30% Sales Tax	77184	50 00
80% Sales of Lots	100 77184	200 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 9000	10 50
TOTAL PAID		960 50

3750
 [Handwritten initials]

OFFICIAL RECEIPT

NO 37866



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 5/28, 1989

From: Anna Bishop Address: 2346 N 14th St - A

one hundred twenty-five Dollars (\$ 125.00)

In Payment of marker installation for grave

Eugene

Lot 19 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-5835

BALANCE DUE 125.00

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 [Signature]

CREDIT	77007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	CITY AUDITOR
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	53033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	125.00

11/11 02 1989

E5835

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT EUGENE LOUISA EARLE		SEX Female	DATE OF BIRTH Nov. 12, 1919	DATE OF DEATH April 3, 1986
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 Gloria Jean Bishop - Daughter 8346 El Paso Street La Mesa, CA 92041	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 8 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 9 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. 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

Preneed lot for

Date 4-7-86

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

of Walter O'Brian

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 376 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund _____ 495⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

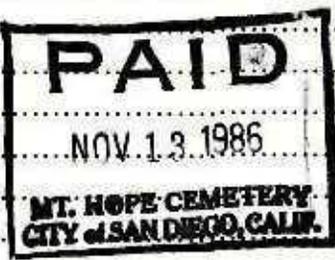
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



4-7-86
55-86

Total Due 495⁰⁰
Paid receipt number 33254 ✓ 100⁰⁰
Balance due 3324 ✓ 395⁰⁰
100 =

I hereby certify I am the _____ of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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.

Walter O'Brian
Signature
478 Highland Ave
Address
San Diego Cal 92105
City State Zip Code
284-7844
Telephone

Signature of recorded holder of deed _____

Work Order # **E 5836**

Invoice # _____

Acct. # _____

PY-883 (REV. 8-85)

#11359

7/7/86 - Rec 33524 -
Anderson

295⁰⁰
60.00

\$ 235 00

8-5-86 33619

60⁰⁰

\$ 175 00

10-13-86 33835

60⁰⁰

\$ 115 00

9-8-86 33716

60⁰⁰

\$ 55.00

11-13-86 33906

55.00

- 0 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33254

Date: 04-07, 1986

From: Walter P. Brown Address: 4178 Highland St Ca 92105

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

In part Payment of pre-paid lot

Lot 376 Grave _____ Row _____ Section 1 Division 8

Invoice No. _____

Acct. No. _____

W.O. E-5836

Unpaid Balance after this Payment \$395.00

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
 APR 10 1986

ISSUED BY B. King

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</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		
8030			
TOTAL PAID		<u>100</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 33324

Date: 05-15, 1986

From: Walter O'Brian Address: 4172 Highland Ave, San Diego, CA 92116

One Hundred and no/100 Dollars (\$ 100⁰⁰)

In part Payment of Pro-Head Lot

Lot 376 Grave _____ Row _____ Section 1 Division Block

Invoice No. _____

Acct. No. _____

W.O. E-5136

Unpaid Balance after this Payment \$2,950.00

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-88)

NOT VALID FOR THE PURPOSE STATED UNLESS STAMPED
 "PAID" IN THE SPACE PROVIDED

CITY AUDITOR
MAY 08 1986

ISSUED BY B. Young

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>100.00</u>
	77184	
Drawings & 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>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33526

Date: 07-07, 1986

From: Walter O'Brian Address: 4178 Highland Ave, S.D. CA 92105

Sixty + 00/100 Dollars (\$ 60.00)

In part Payment of Pre-Need lot

Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-5836

Unpaid Balance after this Payment 235.00

Pre-Need At Need On Acct
 Ck Cash

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

AUDITOR
 JUL 09 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>60 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>60 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

CITY AUDITOR No. 33716

SEP 12 1986 9/8/86

From: Walter O'Brien Address: 4178 Highland - 92105
divy ad my Dollars (\$ 60⁰⁰)
 In Part Payment of the need lot

Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-5836
 Unpaid Balance after this Payment 115⁰⁰

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

1986
 1986
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	60 00
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9030	
TOTAL PAID		60 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
 264-3151

No 33835

Date: 10-13, 1986

From: Walter O'Brien Address: 4178 Highland Ave, San Diego, CA 92116

In 60.00 Dollars (\$ 60.00)

Payment of Preneed lot

Lot 376 Grave _____ Row _____ Section 1 Division 8

Invoice No. _____

Acct. No. _____

W.O. E-5136

Unpaid Balance after this Payment \$5500

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR

OCT 16 1986

ISSUED BY B. Yang

CREDIT	87007	
20% Sales Tax	77184	<u>60.00</u>
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	
	8000	
TOTAL PAID		<u>60.00</u>

No 33906

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151
Date: 11-13, 1986From: Walter O'Brien Address: 4178 Highland Ave SD Ca 92105
Fifty five and no/100 Dollars (\$ 55⁰⁰)
In full Payment of Preneed lot
 Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-5836BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSES IF NOT STAMPED
 "PAID IN FULL"
PAID
 NOV 13 1986
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.
 ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	<u>1900</u>
80% Sales of Lots	100	<u>3600</u>
77184		
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>5500</u>

OFFICIAL RECEIPT **B**



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33900

Date: 11/10/86 1986

From: Walter D. Green Address: 4178 Highland Blvd, SD 92105

In Full Payment of Grave Dollars (\$ 55.00)

Lot 376 Grave _____ Row _____ Section -1- Division Block 8-

Invoice No. _____

Acct. No. _____

W.O. F-5836

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.

Send
Dead
Page

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	<u>55.00</u>
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>55.00</u>

OFFICIAL RECEIPT

No 33906



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

From: Walter O'Brian Address: 4178 Highland Ave Sola 92105 Date: 11-13, 1986
Fifty five and no/100 Dollars (\$ 55.00)
 In full Payment of preneed lot

Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-5836
 BALANCE DUE 0

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

CREDIT	87007	
20% Sales Care	77184	<u>19.00</u>
80% Sales of Lots	100	<u>36.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	88033	
	8022	
Sales Tax	80101	
	78280	
TOTAL PAID	\$	<u>55.00</u>

CITY AUDITOR
 NOV 17 1986

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

ISSUED BY B. Tang

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33619

Date: 08-05, 1986

From: Walter O'Brian Address: 4178 Highland Ave 92105

fifty and no/100 Dollars (\$ 60⁰⁰)

in part Payment of Princed lot

Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E 5836

Unpaid Balance after this Payment \$175⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 3-85)

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

CITY AUDITOR
 AUG 07 1986

ISSUED BY B. Tang

CREDIT	87007		
20% Sales Tax	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100	<u>40</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>60</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

Case #
12766

City of San Diego

Date 4-7-86

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

of John Doe - # 215-86

in a Vault/Liner, Funeral, date, time Tues 4/8 3PM

Church, Chapel, Graveside DelIVERY Mortuary Mesley-M

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 134 ^{Grave} 2 Row Section 4 Division/Block 7

Grave space & Care Fund Bottom X-Deep 55⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 90⁰⁰

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145⁰⁰

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
Signature
5201 - A Ruffin
Address
So. Ca 92123
City Zip Code

Telephone

Work Order # E 5837

Invoice # 042372

Acct. # 000952

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/22/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33372

Date: 05-20 1986

From: County of SD Address: 5201-A Ruyter Rd # 90103
One Month's party fine and no/100

In full Payment of John Doe # 215-86 service Dollars (\$ 145⁰⁰)

Lot 134 Grave 2 Row _____ Section 4 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5857

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

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

SAN DIEGO CITY TREAS.
MAY 21 '86
PAID

ISSUED BY B. King

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>145⁰⁰</u>

E 5837

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JOHN ——— DOE CC# 215-86		SEX Male	DATE OF BIRTH Unknown	DATE OF DEATH Found Jan. 25, 1986
PLACE OF DEATH—CITY OR TOWN Oceanside		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA 92103
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Markley-Mitchell Mortuary		CALIFORNIA LICENSE NUMBER F-119		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 08 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	APR 8 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donall L. Cannon, M.D. ▶ SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

E 5837

042372 04/24/86 000952 COUNTY OF SAN DIEGO
100 072
100 072

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 363.00

77181 000072 05/20/86 CK 04-620890
77184 000072

145.00
90.00
55.00

145.00 0.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

Case # 12764 City of San Diego

Date 4-7-86

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

of John Doe # 2156-85

in a Vault/Liner Funeral, date, time Wed 4/9 1:00

Church, Chapel, Graveside Delivery; 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

Lot 134 Grave 2 Row Section 4 Division/Block 7

Grave space & Care Fund X-Deep-TOP 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 deed

County of SD
Signature
5201-A Ruffin Rd
Address
SD Ca 92123 Zip Code

Telephone

Invoice # 042371

Acct. # 000952

Work Order # E 5838
PY-583 (REV. 8-86)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/22/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3161

No 33371

Date: 05-20, 1986

From: County of SD Address: 5201-A Ruffin Rd Sh 9-123

In full Payment of John Doe # 2156-85 service Dollars (\$ 145.00)

Lot 134 Grave 2 Row _____ Section 4 Division Block 4

Invoice No. _____

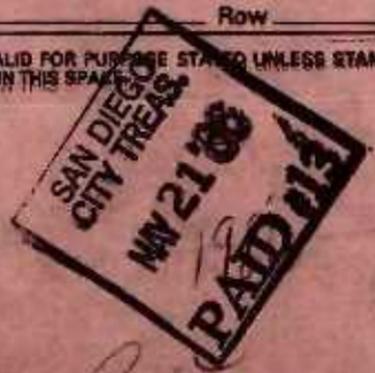
Acct. No. _____

W.O. E-5838

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

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



ISSUED BY B. King

CREDIT	67007	
30% Sales Care	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	
	8020	
TOTAL PAID	\$	<u>145.00</u>

E5838

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT John Doe CC# 2156-85		SEX Male	DATE OF BIRTH Unknown	DATE OF DEATH Found October 26, 1985
PLACE OF DEATH—CITY OR TOWN Borrego Springs	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT S.D. County Public Administrator 5201-A Ruffin Road San Diego, California 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Stairmont Mortuary		CALIFORNIA LICENSE NUMBER E-1126		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 08 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	APR 9 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramey, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

CERTIFICATE OF DEATH

E5838

STATE FILE NUMBER

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: **John** 1B. MIDDLE: **-----** 1C. LAST: **Doe** CC# **2156-85**
 2A. DATE OF DEATH (MONTH, DAY, YEAR, HOUR): **FOUND October 26, 1985 1200**

2. SEX: **Male** 4. RACE/ETHNICITY: **Caucasian** 5. SPANISH/Hispanic: **NO** 6. DATE OF BIRTH: **-----** 7. AGE: **-----**
 IF UNDER 1 YEAR: MONTHS: **-----** DAYS: **-----** IF UNDER 24 HOURS: HOURS: **-----** MINUTES: **-----**

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): **-----** 9. NAME AND BIRTHPLACE OF FATHER: **-----** 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: **-----**

11A. CITIZEN OF WHAT COUNTRY: **-----** 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: **19 -- TO 19 --** 12. SOCIAL SECURITY NUMBER: **-----** 13. MARITAL STATUS: **-----** 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): **-----**

15. PRIMARY OCCUPATION: **-----** 16. NUMBER OF YEARS THIS OCCUPATION: **-----** 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): **-----** 18. KIND OF INDUSTRY OR BUSINESS: **-----**

18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): **-----** 18B. **-----** 18C. CITY OR TOWN: **-----**

18D. COUNTY: **-----** 18E. STATE: **-----** 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: **San Diego County Coroner
5555 Overland Avenue
San Diego, California 92123**

21A. PLACE OF DEATH: **Found, open area** 21B. COUNTY: **San Diego**

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): **47 ft. N. of County Road 522, 2 mi. W. of Imperial County Line** 21D. CITY OR TOWN: **Borrego Springs**

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Gunshot wound, head DUE TO, OR AS A CONSEQUENCE OF	◀	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? Yes
	OR DUE TO, OR AS A CONSEQUENCE OF	◀		25. WAS BIOPSY PERFORMED? No
	(C)	◀		26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: **-----** 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: **No** DATE: **-----**

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: **-----** 28C. DATE SIGNED: **-----** 28D. PHYSICIAN'S LICENSE NUMBER: **-----**

I ATTENDED DECEDENT SINCE: (ENTER MO., DA., YR.) **-----** I LAST SAW DECEDENT ALIVE: (ENTER MO., DA., YR.) **-----** 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: **-----**

29. SPECIFY ACCIDENT, SUICIDE, ETC.: **Homicide** 30. PLACE OF INJURY: **Undeterminable** 31. INJURY AT WORK: **No** 32A. DATE OF INJURY—MONTH, DAY, YEAR: **FOUND October 26, 1985** 32B. HOUR: **1200**

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): **Undeterminable** 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): **Shot in head by another person.**

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: **DAVID J. STARK, Coroner** 35C. DATE SIGNED: **10-27-85**

36. DISPOSITION: **Temporary Entavment** 37. DATE—MONTH, DAY, YEAR: **NOV 7 1985** 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: **-----** 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: **-----**

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **San Diego County Coroner** 40B. LICENSE NO.: **-----** 41. LOCAL REGISTRAR—SIGNATURE: **-----** 42. DATE ACCEPTED BY LOCAL REGISTRAR: **-----**

STATE REGISTRAR: A. **-----** B. **-----** C. **-----** D. **-----** E. **-----** F. **-----**

DECEDENT PERSONAL DATA
 DOE
 CC 2156-85

E5838

042371 04/24/66 000952 COUNTY OF SAN DIEGO
100 072
100 072

05/20/66 CK. 04-620890
77181 000072
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 4-7-86

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

of Eddie A. Z. Hayden

in a liner Vault/Liner Funeral, date, time Wed 4/9 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 _____

Lot 2048 Grave _____ Row _____ Section _____ Division/Block 10

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 - Market setting fee _____

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 332076 606.00

Balance due 0

PAID
APR 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by
John @
Greenwood
Dexter

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

Clotel Rogers (Dexter)
Signature
444 W. 80th St
Address
Los Angeles Ca 90003
State
(213) 758-0890
Telephone
Zip Code

Work Order # E 5839
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. 33256

Date: 4/8/86, 1986

From: John Cummings Address: 7235 Shagoy St 92113

In full Payment of Interment fees for Eldin W. Hayden - Dec Dollars (\$ 606.00)

Lot 2048 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-5839

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 10 1986

ISSUED BY [Signature]

CREDIT	87007	
30% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	180.00
	77182	
Recording fees or misc. service fees	100	180.00
	77183	
Sales Tax	80101	6.00
	8020	
TOTAL PAID	0	606.00

E 5839

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Eddie R.Z. Hayden		SEX Female	DATE OF BIRTH May 4, 1913	DATE OF DEATH April 6, 1986
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 Cloteal M. Logan-Daughter 444 W. 80th Street Los Angeles, California 90003	
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 Mt. Hope Cemetery, 3851 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT * Cloteal Logan DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 09 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	APR 9 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Kamrad, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

Pre-need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/8/86

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

of Mamie Allen - (after death)

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 No

✓ Lot 20 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre need - 250.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

* Flower vases - Marker setting fee _____

* Recording and filing fee _____

Sales taxes _____

PAID
APR 25 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Pre need - no deposit

Deposit 4/8/86 - \$50.00

See Copy of Contract

Total Due 250.00

Paid receipt number 33255 50.00

25-86 33306 Balance due 200.00
50.00

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 Robbie Allen Jr.

Address _____

State _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Work Order # E 5840

Invoice # _____

Acct. # _____

#11264

LOT OWNER

E-5840

ALLEN, Bobbie, Jr., 18630 Ohio St., Detroit, Mich

NAME

ADDRESS

48221

LOT 20 GR. 11 ROW _____ SEC 2 BLK _____ DIV 11Pre-need lot for Mamie Allen

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33306

Date: 04 25, 1986

From: Cobbie Allen Address: Detroit, Michigan
Two hundred and no/100 Dollars (\$ 200.00)
 In full Payment of Prepaid lot for Name Allen

Lot 20 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5140
 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 [Signature]

CREDIT	57007	
30% Sales Tax	77184	50.00
80% Sales of Lots	100 77184	150.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9030	
TOTAL PAID		200.00

000000

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33255

Date: 4/8 1986

From: Bobbie Allen Jr Address: Detroit Michigan

Fifty and 00/100 Dollars (\$ 50⁰⁰)

In Part Payment of Pre need - Contract - for Mamie Allen
next payment 10/7/86 (July 10)

Lot 20 Grave 11 Row Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5840 - Pre need

Unpaid Balance after this Payment 200⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-86)

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

CITY AUDITOR
 APR 10 1986

ISSUED BY Loysel R. [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	50	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		\$	50 00

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 8 day of April, 1986, between Bobbie Allen, Jr., herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

Purchaser being for Mamie Allen - Mother -

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 20, Grave 11, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$250⁰⁰, payable as follows: \$50⁰⁰ cash herewith, the receipt of which is hereby acknowledged; \$10⁰⁰ on the 10 day of July, 1986; and the balance in installments of \$10⁰⁰ or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE- STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

33255

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of this Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property purchase and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

Deed to be issued to:

Mannie Allen
Name
 % Bobbie Allen, Jr. (SON)
18630 Ohio St, Detroit, Mich 48221
Address

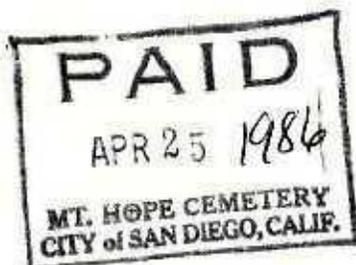
Phon 313-861-1945

PURCHASER

Bobbie Allen Jr.
Same as above

Street Address (Mail)

City _____ State _____ Zip Code _____



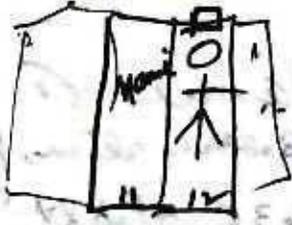
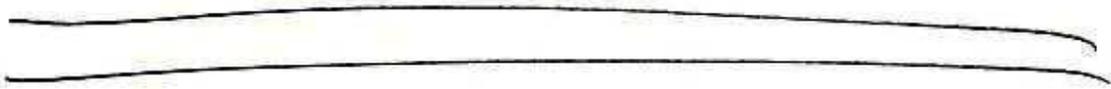
Rec #
 33 250

CITY OF SAN DIEGO
 Mt. Hope Cemetery

By:

Loyce Stelter
 c.m.

N



W

30-36

allen	
Mami	Bob
1912 -	1910-1982

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-8-86

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

of Lee Kantof

in a Double Crypt Funeral, date, time Wed 4/9 11:00

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 794 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-5539 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

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5841**
PV-503 (REV. 8-86)

E5841

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT LEE OLAN LANTZ		SEX male	DATE OF BIRTH May 22, 1911	DATE OF DEATH April 5, 1986
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 Tena Lantz - Wife 4575 Dwight Street San Diego, CA 92105	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

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

1. BURIAL (INCLUDES ENTOMBMENT)

2. CREMATION AND BURIAL (INCLUDES INURNMENT)

3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

4. SCIENTIFIC USE

5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED APR 9 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 9 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rogers, M.D., Cal.</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.

E 5841

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date _____

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery MT HOPE CEMETERY
in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT LEE OWAN LAWTE Age _____ Sex _____
In the following described interment space:

Grave _____ Lot 794 Block _____ Lawn _____ Double Depth Yes No Section 10

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature Jenna P. Lawte 1 WIFE
(Authorized Representative) Print Name Relationship to Deceased

Address 4575 DWIGHT SAN DIEGO CA 92105 Tel. No. _____
Street City State Zip

Signature _____ 1 1
(Authorized Representative) Print Name Relationship to Deceased

Address _____ _____ _____ _____ Tel. No. _____
Street City State Zip

OFFICE USE ONLY

Funeral Director _____ Interment Fee \$ _____
Address _____ Tel. _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Type of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Order Taken By _____

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

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

E 5841

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date _____

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery MT HOPE CEMETERY
in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT LEE OWAN LANTIC Age 4 Sex ---
in the following described interment space:

Grave Lot 794 Block _____ Lawn _____ Double Depth Yes No Section 10

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature [Signature] (Authorized Representative) Print Name _____ Relationship to Deceased WIFE

Address 4575 DWIGHT SAN DIEGO CA 92105 Street City State Zip Tel. No. _____

Signature _____ (Authorized Representative) Print Name _____ Relationship to Deceased _____

Address _____ Street City State Zip Tel. No. _____

OFFICE USE ONLY

Funeral Director _____ Interment Fee \$ _____
Address _____ Tel. _____
Type of Service _____ Day _____ Date _____ Time of Service _____
Type of Outer Burial Container _____ Supplier _____
Dedication Service _____ Day _____ Date _____ Time of Service _____
Date of Birth _____ Place of Birth _____ No. of years in County _____
Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____
Name _____ Address _____ Relation _____
Name _____ Address _____ Relation _____
Name _____ Address _____ Relation _____

Order Taken By _____
Location Checked and Verified _____ OK'd By _____ Date _____
Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-86

Preneed for

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

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 42 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

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 250.00

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

Invoice # _____

Acct. # _____

Work Order # **E 5842**
FY-563 (REV. 3-85)

Julice - 11904

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need services

Date 4-8-86

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

for Peter Remy

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 19 Grave 5 Row _____ Section 16 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

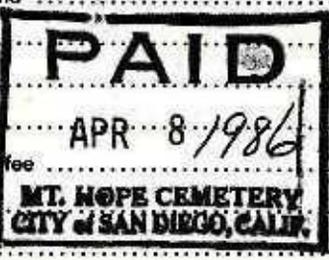
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



320.00
100.00
145.00
15.90
35.00
6.00
606.90
621.90
621.90

4-8-86

Total Due _____

Paid receipt number 33257

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.

Peter P. Remy
Signature
4145 Iowa St
Address
S.D. Ca 92104
State Zip Code

Signature of recorded holder of deed _____

Telephone _____

Work Order # **E 5843**
PR-583 (REV. 8-85)

Invoice # _____

Acct. # _____

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33257

Date: 04-8, 1986

From: Peter Brumby Address: 4145 Loma St San Diego 92108
by number 1019 Dollars (\$ 1006.90)
 In full Payment of Pre-need services 621.90

Lot 19 Grave 5 Row _____ Section 16 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-5843
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 APR 10 1986
 ISSUED BY E. Alling

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>\$621.90</u>	
	<u>6363.9022</u>	

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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04/09/86

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 _____

Flower vases - Marker setting fee for March 1986 1400.00

Recording and filing fee _____

Sales taxes _____

Total Due \$1400.00

(See attached)

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

Signature 3893 Imperial Ave.

Address San Diego, CA 92113

State _____ Zip Code _____

Telephone _____

Invoice # 041827

Acct. # 000253

Work Order # E 5844

SEAMAN-POE

E5844

2/28	\$125	2x1	Singleton, Opaline
3/07	125	2x1	Ortiz, Cruzberto
3/19	125	22x1	WOLD, Edna
"	125	2x1	JONES, Volley L.
3/21	125	2x1	HUFF, Ethel A.
"	125	2x1	KILLINGSWORTH, M.
"	125	2x1	WARNER, Mabel
3/11	160	Foundation	RENE, Tennessee
3/28	125	2x1	GANNON, Edna
"	80	10x20	PAUL, Danny Ray
3/11	<u>160</u>	Foundation	KAMURA, Suketaro

\$ 1400.00 for March 1986

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/5/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 284-3151

No 33320

Date: 05-02, 1986

From: Shaman-Pac Address: 3893 Imperial Ave. La Mesa, CA 92040

fourteen hundred and no/100 Dollars (\$ 1400.00)

In full Payment of marker installation for Mark

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 041837

Acct. No. 100253

W.O. E-5144

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 B. Lang

CREDIT	63007	
20% Sales Com	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	6	<u>1400.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/9/86

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 Month of March 86 580.00

Recording and filing fee _____

Sales taxes _____

Total Due \$580.00

(See attached)

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

GONTI & SONS

Signature _____

P.O. Box 94

Address _____

San Diego, CA 92112

State _____ Zip Code _____

Telephone _____

Invoice # 041826

Acct. # 004821

Work Order # **E 5845**

E 5845

CONTI & SONS

3/5/86	\$125	2x1	Rentfrow, Clara
2/28/86	125	2x1	Crowder, Agnes W.
3/13/86	125	2x1	Johnson, Claudia
2/20/86	(45)	10x20	Hawkins, charged 2x1
3/28/86	125	12x30	Churchill, H & H
3/28/86	125	12x30	Navarro, Alvina
	<hr/>		
	\$580		

Month of March 1986

E5845



CITY TREASURER
SAN DIEGO

5396504/18/86	580.00	INVS
04/18/86 5396 5	580.00-	CH
04/18/86 5396 5	.00	BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33293

Date: 04-17, 1986

From: Monte J. Sorensen Address: PO Box 94 La Jolla Ca 92037

In full Payment of Monetary install pay March 1986 Dollars (\$) 580.00

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 041826

Acct. No. 004821

W.O. E-5145

Unpaid Balance after this Payment 0

SAN DIEGO
 NOT VALID FOR SERVICE STATED UNLESS STAMPED
 "PAID" IN THIS CASE
APR 18 '86
 1986
PAID #13
 ISSUED BY B. King

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	<u>510.00</u>
Sales Tax	80101	
	9030	
TOTAL PAID		<u>\$ 510.00</u>

Pre-Need At Need On Acct
 Ck Cash

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4-9-86

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

of Emma M. Pieper
in a Bell Funeral, date, time Fri 4/11 11:00
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 714 Grave Row Section 1 Division 8

Grave space & Care Fund Pre-need

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Market setting fee

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33262 606.00

Balance due 0

PAID
APR 11 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Mortuary to
bring check
per Jerry

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.

Esther Green
Signature of recorded holder of deed

Esther P. Green
Signature
4785 Socia Drive
Address
San Diego, Ca 92115
City
Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 5846
FY-593 (REV. 8-86)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No. 33262

Date: 4/11/86, 1986

From: Esther P Green Address: 4787 Lorain Dr. S.D. 92112

In Six Hundred Six and 10/100 Dollars (\$ 606⁰⁰)

Payment of Interment fees for Emma Preper

Lot 714 Grave — Row — Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-5846

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 9-85)

2014

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 APR 16 1986
 ISSUED BY [Signature]

CREDIT	87007		
30% 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
	8030		
TOTAL PAID		\$	606 ⁰⁰

E 5846

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT EMMA M. PIEPER		SEX female	DATE OF BIRTH OCT 13, 1889	DATE OF DEATH APRIL 9, 1986
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 Kether P. Green - daughter 4785 Soria Drive San Diego, CA 92115	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BENBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald H. Rogers, M.D. Co.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3-11-86		DATE APR 11 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joseph [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

(DIP)

Date 4-9-86

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

of Frances H. Bailey

in a Bell Vault/Liner Funeral, date, time Mon 4/14 11:00

Church, Chapel, Graveside _____ Mortuary Rogers

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 39 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 1st Burial 1980 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

30 Day Note

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

Catherine L. Bailey
Signature
4245 Fairmount
Address
San Diego Ca 92105
State
281-4857, 293-6930 Zip Code
Telephone

Invoice # 042365

Acct. # 016954

Work Order # E 5847

NOTE—STRAIGHT

\$ 606⁰⁰ San Diego, California, April 14, 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 six hundred six 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.

X Catherin L Bailey
4245 Fairmount Av. San Diego Ca
Mailing Address 92105

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E5847

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT FRANCES CATHERYN BAILEY		SEX Female	DATE OF BIRTH April 22, 1916	DATE OF DEATH April 8, 1986
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 Catheryn Bailey - Daughter 1201 Funston Drive San Francisco, CA 94122
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

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

1. BURIAL (INCLUDES ENTOMBMENT)

2. CREMATION AND BURIAL (INCLUDES INURNMENT)

3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

4. SCIENTIFIC USE

5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED APR 11 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 14 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. mm SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Steth

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

E5847

042365 04/24/86 016954 CATHERYN BAILEY
E-5847
100 072
100 072
100 072
60101

05/19/86 CK 231
77181 000072
77182 000072
77183 000072
9020

606.00
320.00
100.00
180.00
6.00

606.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Have
 shovel graveside*

Date 4-10-86

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

of Nicholas Obrutscheff

in a Bell Union Funeral, date, time Mon. 4/14 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 4927 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund Preneed

Additional spaces and care fund Overtime 100.00

Opening/Closing & Setup 320.00

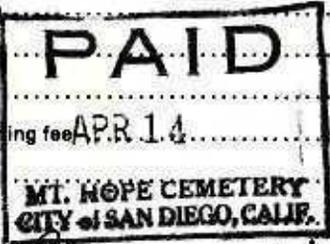
Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee APR 14 35.00

Recording and filing fee 6.00

Sales taxes 1706.00



Total Due 1706.00

Paid receipt number 33278 - 806.00

Balance due 0

*Called by Rogers w.o.D.
 Will conform
 time Mon.*

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.

Steve Briment
 Signature _____

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 5848**

Invoice # _____

PY-583 (REV. 3-85)

Acct. # _____

Will be here about 3:30

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33278

Date: 4/14/86 19

From: Gene Weissman Address: 330 N. Gelland Loop - Hamilton NJ 07840
Eight hundred Six and no/100 Dollars (\$ 806⁰⁰)
 In full Payment of Interment Nicholas O. Brutscheckff - Sec
2 Rose Park
 Lot 4927 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. F 5848
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85) 2638

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 APR 16 1986
 ISSUED BY: [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	100	00
	77182		
Recording fees or min. service fees	100	380	00
	77183		
Sales Tax	60101	6	00
	9020		
TOTAL PAID		806	00

E 5848

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT NICHOLAS NEM OBRUTSCHEFF		SEX Male	DATE OF BIRTH May 8, 1900	DATE OF DEATH April 9, 1986
PLACE OF DEATH—CITY OR TOWN Victor		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Ravalli - Montana		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Irene Wisniewski - Daughter 330 Northgold Creek Loop Hamilton, Montana
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED APR 14 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 14 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> CO. 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

*Indigent
Burial*

Date 4-11-86

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

of Roby Bussay

in a _____ Vault/Liner Funeral, date, time Fri 4/11 1:00

Church, Chapel, Graveside Delmar; Paris-Frad 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 516B Grave _____ Row _____ Section 12 Division/Block 7

Grave space & Care Fund 28⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 45⁰⁰

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 73⁰⁰

2' Casket

Paid receipt number _____

Per Chelsea at Mortuary

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
Signature _____
5501-A Kuller Rd
Address _____
SD Ca. 92123
Zip Code _____
Judy Dretter
Telephone _____

Work Order # E 5849

Invoice # 042370
Acct. # 000952

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/22/86

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

No 33370

Date: 05-20, 1986

From: County of SD Address: 5201-A Ruffin Rd SD 92123

In full Payment of Salary Burial service Dollars (\$ 73⁰⁰)

Lot 516 B Grave _____ Row _____ Section 12 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5849

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

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



ISSUED BY B. King

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>73⁰⁰</u>

E 5849

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT David Joshua Bussey		SEX Male	DATE OF BIRTH Mar. 24, 1986	DATE OF DEATH Mar. 24, 1986
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 Tina Marie Bussey - Mother 9929 Conajo Road Santee, CA 92071
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Paris-Frederick Mortuary		CALIFORNIA LICENSE NUMBER 795		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

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

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 11 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6-12-7	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT April E. Rames, M.D.	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	

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

E5849

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/22/86

DATE: 05/22/86
TIME: 234337
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
042370	04/24/86	000952	COUNTY OF SAN DIEGO			05/20/86	CK	04-620890	73.00	73.00	0.00
			100 072	77181	000072				45.00		PAID IN FULL
			100 072	77184	000072				28.00		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/14/86

PACE

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

of Oscar Benjamin Pate
in a liner Vault/Liner Funeral, date, time Tuesday 4/15 - 2 PM
Church, Chapel, Graveside Chapel & S; 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 next to Wanda form

Lot 90 Grave 11 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>

PAID

APR 16 1986

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 856.00
Paid receipt number 33263 500.00
Balance due 33288 356.00
206.00

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.

4-16-86 33291

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

Signature of recorded holder of deed

X Odessa Thomas
Signature
X 3146 Webster ave
Address
San Diego, Ca 92113
State Zip Code
X 233-5880
Telephone

Work Order # **E 5850**

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. 33263

Date: 4/14/86, 19

From: Debra Thomas Address: 3146 Webster - L.D. 92113

In Five Hundred and No/100 Dollars (\$ 500.00)

in Part Payment of Interment fees Oscar B. Pace - dec
(30 day note - on balance)

Lot _____ Grave _____ Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5850

Unpaid Balance after this Payment 256.00

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 1986
 APR 16 1986

ISSUED BY Geoyen [Signature]

CREDIT	87007		
30% Sales Tax	77184		
80% Sales of Lots	100	<u>200.00</u>	
	77184		
Openings & Service Charges	100	<u>300.00</u>	
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		<u>500.00</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 33288

Date: 04-16, 1986

From: Odessa Thomas Address: 3146 Webster Ave. Alca. Falls

Two hundred six and no/100 Dollars (\$ 206⁰⁰)

In part Payment of Ostar Pac Service

Lot 90 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5850

Unpaid Balance after this Payment \$150⁰⁰

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

APR 21 1986

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Tax	77184	50 00
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	20 00
	77181	
Burial Containers	100	100 00
	77182	
Recording fees or misc. service fees	100	36 00
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		206 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 33291

Date: 04-16, 1986

From: Adessa Thomas Address: 3146 Wilshire Ave. La Jolla

One hundred fifty and no/100 — Dollars (\$ 150⁰⁰)

In full Payment of Balance Due

Lot 90 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5850

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 21 1986

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		
		144	00
Sales Tax	80101		
	8020		
		6	00
TOTAL PAID			150 00

55850

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT OSCAR PACE		SEX Male	DATE OF BIRTH March 24, 1910	DATE OF DEATH Found April 8, 1986
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 Odessa Thomas - Daughter	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329	3146 Webster Ave. San Diego, CA 92113	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 14 1986	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 APR 15 1986 (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.

Per Howard
Heath -
Father

MT. HOPE CEMETERY
INTERMENT ORDER

Thomas H. Gordon Sr. ^{City of San Diego}
to be in same lot - future. Date 04-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Venara Gordon in a Cosmopolitan Vault/Line Funeral, date, time 4-15-86 Church, Chapel, Graveside Upon delivery; 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 7 Grave 9 Row _____ Section 15 Division/Block 7

Grave space & Care Fund Pre need

Additional spaces and care fund

Opening/Closing & Setup 105.00

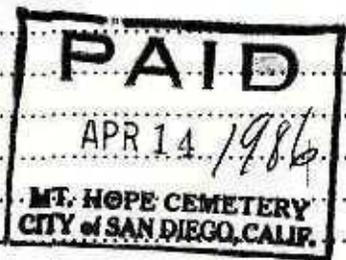
Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 2.40

Sales taxes 242.40



Total Due 242.40

Paid receipt number 4-14-86 242.40

Balance due 0

33264
Head-Center

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 5851
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

- Remain in Vault -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33264

Date: 04-14, 1986

From: Death Funeral Home Address: 601 Highland N.E. Ca 92150

To: Funeral Home Dollars (\$) 242.40

In full Payment of Funeral Services

Lot 7 Grave 9 Row _____ Section 15 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5851

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

AUDITOR
 APR 16 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	105	00
	77181		
Burial Containers	100	41	00
	77182		
Recording fees or misc. service fees	100	95	00
	77183		
Sales Tax	80101	2	40
	8020		
TOTAL PAID		242	40

E5851

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT PAULINE VENORA GORDON		SEX FEMALE	DATE OF BIRTH FEB. 11, 1914	DATE OF DEATH APRIL 3, 1986
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 Thomas H. Gordon, Jr., - Son	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Heath Funeral Home		CALIFORNIA LICENSE NUMBER 807	5735 Shaw Street San Diego, CA 92139	

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Crematory, El Cajon, CA	DATE CREMATED Apr. 7, 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 4 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 15 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4-14-86

*Pre-need
 Trust for*

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

of Pearl Yvonne Gregory

in a T.S. Vault Vault/Lower 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 134 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

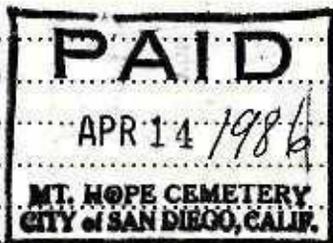
Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

Paid receipt number 33265 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 _____

Pearl Yvonne Gregory
 Signature
934 S. Prescott Ave
 Address
El Cajon, Calif. 92020
 State Zip Code
619-444-1765
 Telephone

Work Order # E 5852

Invoice # _____

Acct. # _____

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

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33265

Date: 04-14, 1986

From: Franklin D. [unclear] Address: 934 S. Prescott Ave. [unclear]

over [unclear] tax [unclear] Dollars (\$ 710.50)

In full Payment of the need trust [unclear]

Lot 134 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.D. E-5852

Unpaid Balance after this Payment 0

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 16 1986/1986
 [Signature]

ISSUED BY [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>710.50</u>

63133-9033

Per need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/12/86

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

of Albert F. Wilson

in a Per need box 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 WW2 - Navy

Lot 42 Grave 10 Row - Section 2 Division/Block 11

Grave space & Care Fund 250⁰⁰

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID
JUN 3 1986
Per need
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
only

Total Due 250⁰⁰

Paid receipt number 33266 100⁰⁰

Balance due 150⁰⁰

grave next to wife -

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 dead _____

+ Albert F. Wilson
Signature
+ 2293 Judson St
Address
+ SAN DIEGO, CA
State Zip Code
+ 92111
Telephone

Work Order # E 5853
PY-593 (REV. 8-95)

Invoice # _____
Acct. # _____

11277

5-12-86 33354 $\frac{150^{00}}{50^{00}}$

 100⁰⁰

6-3-86 33411 $\frac{100^{00}}{-----}$
 - 0 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33411

Date: 6-3, 1986

From: Albert F. Wilson Address: 3293 Crowswood Dr #2111

In full Payment of Phoned lot Dollars (\$ 100.00)

Lot 42 Grave 10 Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5853

Unpaid Balance after this Payment 0

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
 JUN 04 1986

ISSUED BY E. N. [Signature]

CREDIT	57007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100 77184	<u>50.00</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>100.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33354

Date: 05-12, 1986

From: Albert F. Wilson Address: 2293 Madison St. #12 92111

fifty and no/100 Dollars (\$ 50.00)

In mt. Payment of fronced lot

Lot 42 Grave 10 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5853

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 15 1986

ISSUED BY L. Tang

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	50	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		50	100

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33266

Date: 4/12, 1986

From: Albert F. Wilson Address: 5293 Judson St. D. 92111

One Hundred and 100 Dollars (\$ 100⁰⁰)

In part Payment of Pre-need grave next to late wife - Elizabeth -

Lot 42 Grave 10 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-5853

Unpaid Balance after this Payment 150⁰⁰

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 16 1986

ISSUED BY Elizabeth

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	100	00
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	80101		
9020			
TOTAL PAID		100	00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4/14/86

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

of John Wallace Mackay

in a Louis Colonial Vault/Liner Funeral, date, time Wed 4/16 - 2:30

Church, Chapel Graveside Chapel + St L; 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 3573 Grave Row Section Division/Block 10

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container 330⁰⁰

Handling Fees 220⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 19.80

Total Due 1619.80

Paid receipt number 33271 819.80

Balance due 800.00

30 day note

4-14-86

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

Victoria Cumming
Signature
6943 51st St
Address
San Diego, CA 92120
State Zip Code
287-7683
Telephone

Work Order #

E 5854

PY-083 (REV. 8-85)

Invoice #

042366

Acct. #

016955

E5854

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JOHN WALLACE MACKAY		SEX MALE	DATE OF BIRTH AUGUST 9, 1916	DATE OF DEATH APRIL 13, 1986
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 Victoria L. Cumming - daughter 6943 - 51st St. San Diego, CA 92120	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BENBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 15 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Wallace R. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		APR 16 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Ray W. Stiles</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 33271

Date: 4/14, 1986

From: Veston Cummins Address: 6943 - 51st St. # 92120

Eight hundred winter ad 80 Dollars (\$ 819.80)

In Part Payment of Interment fee & double crypt for
John Wallace Mackay - dec

Lot 3573 Grave --- Row --- Section --- Division 10

Invoice No. ---

Acct. No. ---

W.O. E 5854

Unpaid Balance after this Payment 800.00

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
 APR 16 1986

[Signature]
 ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
90% Sales of Lots	100	476.00
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	23.80
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		819.80

OFFICIAL RECEIPT



WHITE TO-CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/15/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3161

No 33346

Date: 5/9/86, 19

From: Victoria Cummings Address: 6943-51st St & P - 92130
Eight Hundred and no/100 Dollars (\$ 800.00)
 In full Payment of Interment fees on John Walker Mackey Dec

Lot 3573 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 042366
 Acct. No. 016955
 W.O. E-5854
 Unpaid Balance after this Payment 0

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

2-1986

[Signature]
 ISSUED BY

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	90101	
	9020	
TOTAL PAID	\$	<u>800.00</u>

Pre-Need At Need On Acct
 Ck Cash
288
 AC-212 (Rev. 8-86)

E 5854

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/15/86

DATE: 05/15/86
TIME: 224002
PAGE: 3

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT GRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
042366	04/24/86	016955	VICTORIA L. CUMMING 100 072 100 072 60101 67007	77182 77183 9020 77184	000072 000072	05/09/86	CK	288	800.00 306.20 355.00 19.80 119.00	800.00	0.00 PAID IN FULL

E-5854

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 800.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-14-86

Set up at graveside

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

of Bryan A. Winters
in a Bill Lewis Funeral, date, time Thurs 4/17 10:00
Church, Chapel, Graveside 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 _____

✓ Lot 125 Grave 1 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 <u>33274</u>	6688
Balance due	1134.12

4-14-86

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 agreement.

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

Signature of recorded holder of deed

Bryan A. Winters
Signature
4194 Carroll Center #45
Address
SAN DIEGO CA
City
566-8896
Telephone
92126
Zip Code

Veterans

Work Order # **E 5855**

Invoice # 042369
Acct. # 011169

- Bill Lewis Colonial -

PY-883 (REV. 8-85)

5855

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT BRIAN ARTHUR WINTERS		SEX male	DATE OF BIRTH Nov 5, 1940	DATE OF DEATH April 11, 1986
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 US Government Records Naval Hospital San Diego, CA 92134		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BENDOUCH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

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

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

Veteran
JEV

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 17 1986 (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>Logan 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 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 33274

#45 Date: 04-14, 1986

From: Bonnie B. Winter Address: 9494 Carroll Canyon Rd, San Diego, CA 92121
Interiors and 88/100 Dollars (\$ 6688)

In part Payment of Brian A. Winter services

Lot 125 Grave 1 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5855

Unpaid Balance after this Payment \$1134.15
(Lunas Colonial)

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 16 1986

ISSUED BY L. T. ...

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>6688</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>6688</u>

ADVICE OF PAYMENTPAID BY
NAVAL SUPPLY CENTER, SAN DIEGO, CALIF. 92132 **ES855**

CONTRACTOR NAME

CITY OF SAN DIEGO - MT HOPE CEMETERY

CHECK NUMBER

02155906

DATE

06/03/86

3751 MARKET ST
SAN DIEGO CA 92101

CONTRACT NUMBER

N6805651640 11298

DETAIL ANALYSIS OF PAYMENT

INVOICE NO.	PAYMENT REF. NUMBER	BILLED AMOUNT	DISCOUNT AMOUNT	DEDUCTION AMOUNT	NET AMOUNT
MINTERS MINTERS	008J986 BRIAN ARTHUR WINTERS	1134.12			1134.12

(See Reverse Side)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33418

Date: 10-04, 1986

From: United States Postal Service Address: Naval Cemetery Extension #9

10000 Avenida Encinitas, Encinitas, CA 92024 Dollars (\$ 1134.12)

In full Payment of Burial within winter services

Lot 135 Grave 1 Row _____ Section 1 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5155
 Unpaid Balance after this Payment _____

NOT VALID FOR PURPOSE AND NOT VALID UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
JUN 06 1986
 ISSUED BY [Signature]

Pre-Need At Need On Acct
 Ck Cash

CREDIT	67007	
20% Sales Care	77184	119.00
80% Sales of Lots	100 77184	469.12
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	186.00
Sales Tax	80101 8020	6.00
TOTAL PAID		1134.12

E5855



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

May 1, 1986

Office of Medical Affairs
Naval Medical Command
Southwest Region
ATTN: Dorothy Colton
San Diego, CA 92134

*Phone
233-2611*

Dear Ms. Colton:

As per our telephone conversation this morning, I am attaching a copy of the Interment Order for Brian A. Winters burial services.

The total amount due Mt. Hope Cemetery is \$1,134.12. This should be added to the 1375 Form submitted from Lewis Colonial Mortuary.

If you have any questions, please don't hesitate to call.

Thank you for your attention in this matter.

Sincerely yours,

Barbara Lang
Administrative Aide II

Enclosure

cc: Lewis Colonial Mortuary
file

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brian A. Winters

in a Bill Liner Funeral, date, time Thurs 4/17 10:00

Church, Chapel, Graveside 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 _____

✓ Lot 125 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	<u>595.00</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>1201.00</u>
Paid receipt number <u>33274</u>	<u>6688</u>
Balance due	<u>1134.12</u>

4-14-86

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
Jennifer Winters
Address 1494 CARROLL CENTER #45
City SAN DIEGO State CA
Zip 92126
Telephone 516-8896

Veterans

Work Order # E 5855 Invoice # 04-369
FY-593 (REV. 8-85) Acct. # 011169

- Bill Lewis Colonial -

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Denise Evans

in a _____ Vault/Urns Funeral, date, time Fri - 4/18/ 11 Am

Church, Chapel, Graveside Chapel & 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 1999 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	<u>X</u>	<u>50.00</u>
Handling Fees		<u>11.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>3.00</u>
	Total Due	<u>299.00</u>
	Paid receipt number <u>33277</u>	<u>299.00</u>
	Balance due	<u>0</u>

PAID
APR 14 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

PAID
APR 14 1986
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.

Lee Cohen
Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

Work Order # E 5856
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

CITY OF SAN DIEGO, CALIFORNIA
MEMORANDUM

1. FROM (Name and Dept.)
George Stelten - Int Hope

2. DATE
4/18/86

3. TO (In order indicated below, for purpose checked at right):
*Burial - Elizabeth Evans
Box 4 No.*

ACTION	PREPARE	REPLY	INFORM	INQUIRE	REPORT	WRITING	COMMENT	SIGNATURE	RETURN	TURN	COPY	FOR YOU	FILE

4. SUBJECT

5. COMMENTS

M. Ragsdale "Lube" stepped up to hearse at about 1215 in Dec 1 - Ave 9 to get flowers for family. The plywood cover shifted and being under artificial grass could not detect shift till he dropped right leg into grave and left leg extended over plywood. I steadied hearse and assisted in helping him from sitting Position on graveside. After funeral was completed he was able to walk - limps with family and I ask him how

CITY OF SAN DIEGO, CALIFORNIA
MEMORANDUM

8 (REV. 6-70)

1. FROM (Name and Dept.)

2. DATE

3. TO (In order indicated below, for purpose checked at right):

	ACTION	PREPARE	REPLY	INFORM-	INVOLVE	WRITING	COMMENT	SIGNATURE	RETURN	COPY	FOR YOU	FILE
1.												
2.												
3.												
4.												
5.												

4. SUBJECT

5. COMMENTS

②
 he was doing - "My knee
 Cap" hurts and sore - I suggested
 he go to doctor and he said
 probably after work - At this
 point he did not seem
 to alarmed - He drove home
 away at 1225.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

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

No 33277

Date: 04-14, 19 86

From: Anderson-Ragsdale Address: 5050 Federal Blvd. No. 92112

Two hundred ninety nine and no/100 - Dollars (\$ 299⁰⁰)

In full Payment of Elejabeth A. Evans Service

Lot 1999 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-5856

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 16 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100 77184	<u>80</u>	<u>00</u>
Openings & Service Charges	100 77181	<u>100</u>	<u>00</u>
Burial Containers	100 77182	<u>50</u>	<u>00</u>
Recording fees or misc. service fees	100 77183	<u>46</u>	<u>00</u>
Sales Tax	60101 9020	<u>3</u>	<u>00</u>
TOTAL PAID		<u>299</u>	<u>00</u>

E5856

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ELIZABETH DENISE EVANS		SEX Female	DATE OF BIRTH Jan. 5, 1986	DATE OF DEATH April 12, 1986
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 Sonya Denise Evans - Mother 2587 Broadway San Diego, California 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 15 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Ramos, 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 ▶	

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

Jack Ling

Date 4/14/86

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

of Shee YEN Horn

in a Vault from Greenwood Funeral, date, time Sunday 4/20/12:30 PM

Church, Chapel, Graveside Chapel + S.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 2-2 Grave 9 Row 9 Section 1 Chinese Division/Block

Grave space & Care Fund Per need -

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container Vault → from Greenwood - 00.

Handling Fees 170⁰⁰

Flower vases - Marker setting Afternoon funeral - 380⁰⁰

Recording and filing fee 35⁰⁰

Sales taxes

Total Due 905⁰⁰

Prepaid receipt number 33273 905⁰⁰

Balance due 0

Burial follows lower atom

PAID
 APR 14 1986
 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.

Richard Horn
 Signature
4276 Rueda Dr
 Address
CA 92124
 State Zip Code
565-4676
 Telephone

 Signature of recorded holder of deed

Work Order # **E 5857**

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. 33273

Date: 4/14/86, 19

From: Richard Horn Address: 4276 Reeds Dr. 92124

Nine Hundred Five and 00/100 Dollars (\$ 905.00)

In full Payment of Interment fees for Jackling (the Ken Horn)

Lot _____ Grave 2-3 Row 9 Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5857

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 5-85)

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

CITY AUDITOR
 APR 16 1986

ISSUED BY: [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	585.00
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		905.00

E5857

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Shee Yen Hom		SEX Male	DATE OF BIRTH Nov. 20, 1907	DATE OF DEATH April 13, 1986
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 Richard Hom-Son 4276 Rueda Drive San Diego, California 92124	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenwood Mortuary		CALIFORNIA LICENSE NUMBER P-843		

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

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

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Markey Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED 44/14/80
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/86		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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4/14/86

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

of Flora Dyer
 in a Linic Vault/Line Funeral, date, time Wed 4/16/2PM
 Church, Chapel, Graveside 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 16

✓ Lot 515 Grave — Row — Section 10 Division/Block 7

Grave space & Care Fund Per med 8-7366

Additional expenses and care fund —

Opening/Closing & Setup 320.00

Burial Container Linic 100.00

Handling Fees 175.00

Flower —

PAID
 APR 14 1986
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Recording and filing fee 34.00

Sales taxes 6.80

Total Due 606.00

414-8 Paid receipt number 33275 606.00

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

Ella Jackson
 Signature
15724 Cassinberland St
 Address
San Diego 92139
 City
475-9572
 Telephone

Work Order # E 5858
 PY-543 (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/ 33275

Date: 4/14/86, 19

From: DFG Jackson Address: 5774 Cambridge St # 92139

In full Payment of Interment fees for Flores Dyer-Dee Dollars (\$ 606⁰⁰)

Lot 5N Grave 101 Row — Section 10 Division Block 7

Invoice No. —

Acct. No. —

W.O. F-5858

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85)

1690

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

CITY AUDITOR
 APR 16 1986

ISSUED BY

[Signature]

CREDIT	57007	
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
	80200	
TOTAL PAID		606 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT FLORA BELL DYER		SEX Female	DATE OF BIRTH May 19, 1894	DATE OF DEATH April 12, 1986
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Clyde Dyer - Son 1621 Sweetwater Rd. #7 National City, CA
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

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

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED APR 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 16 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Campos M.D.M.M.</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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Preneed trust
for Horace E. & Helen V.*

Date 04-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to have the remains

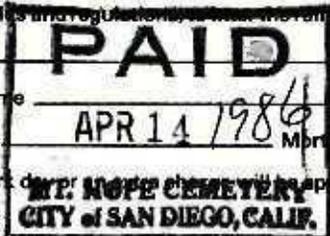
of Churchill

in a Double Crypt Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____

All Funeral cars must arrive before 3:30 p.m. of regular work days. Other charges will be applied

and billed to undersigned. War time veteran _____



Lot 118 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing & Setup (2) @ \$320 640.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee (2) @ \$35.00 70.00

Sales taxes 19.80

Total Due 1379.80

4-14-86

Paid receipt number 33276 1379.80

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 _____

Helen Churchill
Signature
1812 Grand Ave
Address
San Diego, CA 92109
State
270 5313
Telephone

Work Order # **E 5859**

Invoice # _____

Acct. # _____

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and re-cording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33276

Date: 04-14, 1986

From: Helen V. Churchill Address: 1812 Grand Ave San Diego Ca 92101

In one Payment of Provided Trust Services Dollars (\$ 1279.⁸⁰)

for Helen V. Churchill (Double Crypt)

Lot 118 Grave 4 Row 1 Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-5859

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 16 1986

ISSUED BY B. Laney

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or min. service fees	100	
	77183	
Sales Tax	80101	
	8000	
TOTAL PAID		<u>1279.80</u>

2733-9032

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sarah Edith Walker

in a Double Crypt Funeral, date, time Wed - 11AM - 4/16

Church, Chapel, Graveside St. Ann + G.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 37 Grave 12 Row — Section 3 Division/Block 12

Grave space & Care Fund	<u>495⁰⁰</u>
Additional spaces and care fund	<u>Double deep -</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>Double Crypt - 330⁰⁰</u>
Handling Fees	<u>320⁰⁰</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>19.80</u>
Total Due	<u>1519.80</u>

30 days note -

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Sarah Edith Walker
Signature
3153657
Address
San Diego Calif
State
232-7698 Telephone
Zip Code

Work Order # **E 5860**

Invoice # 042367
Acct. # 016956

NOTE—STRAIGHT

\$ 1519.80 San Diego, California, 4/14/86, 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 Fifteen hundred nineteen and 80/100 DOLLARS,
 with interest from 5-15-86 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.

X Charles B. Walker

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
 264-3161

No 33321

Date: 5/2, 1986

From: Edward L. Walker Address: 3153 "Y" St #D 92102

Fifteen Hundred Ninety Dollars and 80/100 Dollars (\$ 1519.80)

In full Payment of Interment of Sarah Edith Walker dec'd
Double Crypt plot

Lot 37 Grave 12 Row — Section 3 Division Block 12

Invoice No. 042367

Acct. No. —

W.O. E-5860

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

2252372
 AC-212 (Rev. 6-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [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	
	9020	
TOTAL PAID		<u>1519.80</u>

E 5860

CITY TREASURER
SAN DIEGO, CALIFORNIA

7227305707786		1519.00	INVS
05/07/86 7227	3	1519.00	CH
05/07/86 7227	3	.00	BA

E5860

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT SARAH EDITH WALKER		SEX Female	DATE OF BIRTH August 22, 1928	DATE OF DEATH April 9, 1986
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 Edward Lee Walker - Husband 3153 "G" Street San Diego, CA 92102	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 14 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Ramos, M.D. mm</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		APR 16 1986 (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 4/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joseph Newman
in a TS Vault Vault/Urner Funeral, date, time Fri-11:30Am 4/18
Church, Chapel, Graveside Church & G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2-army.

✓ Lot 4 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	<u>300⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>175⁰⁰</u>
Handling Fees	<u>170⁰⁰</u>
_____ - Marker setting fee <u>DI. Marker/Inst. fee</u>	<u>130⁰⁰</u>
Recording and filing fee	<u>35⁰⁰</u>
<u>att</u> Sales taxes	<u>10⁵⁰</u>
<u>Earl J. Thomas</u> <u>530 B-st Suite 2222</u> <u>S.D. 92101</u>	Total Due
	<u>1140.50</u>

Paid receipt number _____

Balance due _____

I hereby certify I am the Daughter DI of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 _____ date of funeral services, together with interment thereon from 60 days after _____, shall be considered as part of _____ services.

Work Order # **E 5861**

Monetary amount in the amount of 11.40

will be added starting 6-14-86

Paul Newman
Signature
3350 Carfax Ave
Address
500 Ingles Ca 90056
State _____ Zip Code _____

Telephone _____

Invoice # 042368

Acct. # 016957

E 5861

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JOSEPH NEWMAN		SEX MALE	DATE OF BIRTH Dec. 1, 1923	DATE OF DEATH April 12, 1986
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 Drucilla E. Thomas - Daughter 1821 South 41st Street San Diego, California 92113	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 15 1986	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 APR 18 1986 (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 4-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cynthia Ann Talley

in a T.S. Vault Funeral, date, time Wed 4/16 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 131 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250⁰⁰

Additional spaces and care fund 320⁰⁰

Opening/Closing & Setup 175⁰⁰

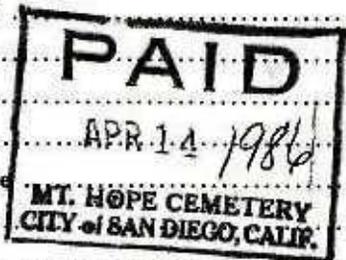
Burial Container 170⁰⁰

Handling Fees 35⁰⁰

Flower vases - Marker setting fee 10.50

Recording and filing fee 960⁵⁰

Sales taxes 960⁵⁰



Total Due 960⁵⁰

Paid receipt number 33279 960⁵⁰

Balance due 0

4-14-86

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.

Raymond Talley
Signature
1410 Portola Ave
Address
Spring Valley CA 92077
City
(619) 559-9544
Telephone

Signature of recorded holder of deed _____

Work Order # **E 5862**

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 - 33279

Date: 04-14, 1976

From: Raymond Talley Address: 1410 Portola Ave. La Jolla, CA

Nine hundred sixty and 50/100 Dollars (\$ 960⁵⁰)

In full Payment of Cynthia Ann Talley service

Lot 131 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5862

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-65)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 APR 16 1976

ISSUED BY B. King

CREDIT	87007	
20% Sales Tax	77184	50 00
80% Sales of Loss	100 77184	300 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	80101 8030	10 50
TOTAL PAID		960 50

E 5862

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT CYNTHIA ANN TALLEY		SEX Female	DATE OF BIRTH Sept. 9, 1948	DATE OF DEATH Apr. 10, 1986
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 Raymond Talley - Husband 1410 Portola Avenue Spring Valley, California 92077	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 10 1986 (CENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramsey, M.D., M.M.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leay Wilton</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 04-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Allie B. Phillips

in a Bell Tower Funeral, date, time Fri 4/18 2:00

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 1928 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

200.00

Balance due 406.00

406.00

0-

PAID
 APR 18
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.
PAID
 APR 15 1986
 Paid receipt number 33280
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

4-15-86
4-15-86

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.

Bonnie Johnson Videman
 Signature of recorded holder of deed

Bonnie Johnson Videman
 Signature
5242 Fairchild way
 Address
San Diego, Ca 92114
 City
(619) 262-3454
 Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5863**

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33280

Date: 04-15, 19 86

From: Bernie Videman Address: 524 Trinidad Way, CA 92114

Two hundred and no/100 Dollars (\$ 200.00)

In part Payment of Allie E. Phillips Service

Lot 1928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5863

Unpaid Balance after this Payment \$ 406.00

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
 APR 16 1986

ISSUED BY B. Wang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	<u>200.00</u>
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	\$	<u>200.00</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 33284

Date: 04-15, 1986

From: Bernie Videman Address: 5241 Mimbat Way, La Jolla 92037

fifteen and 90/100 Dollars (\$ 15.90)

In full Payment of Placer vase for Allie B. Phillips

Lot 1928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5863

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 21 1986

ISSUED BY B. Lang

CREDIT	E7007		
20% Sales Tax	77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		<u>5.00</u>
Recording fees or misc. service fees	100 77183		<u>10.60</u>
Sales Tax	60101 9020		<u>3.00</u>
TOTAL PAID			<u>15.90</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 33283

Date: 04-15, 1986

From: Bonnie Videman Address: 524 1/2 Trinidad Way SD 92114

Four hundred and no/100 — Dollars (\$ 400.00)

In full Payment of Allie B. Phillips service

Lot 1928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5863

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

APR 21 1986

ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	120	00
	77181		
Funeral Containers	100	100	00
	77182		
Recording fees of min. service fees	100	180	00
	77183		
Sales Tax	80101	6	00
	8030		
TOTAL PAID	0	406	00

009158
 257600
 1/1986

E5863

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ALLIE BEATRICE PHILLIPS		SEX Female	DATE OF BIRTH Jan. 5, 1920	DATE OF DEATH April 13, 1986
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 Mary A. Wilson - Daughter 629 East 5th Street Stockton, California 95206	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 15 1986
			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 APR 18 1986 (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 4/15/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emma E Arany

in a TS Vault Funeral, date, time Thurs - 10 AM - 4/17

Church, Chapel, Graveside Graveside only; 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 No

Lot 4367 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Per med C-9601

Additional spaces and care fund —

Opening/Closing & Setup 320.00

Burial Container Top Seal Vault 175.00

Handling Fees 170.00

Flower vase - Marker setting fee 35.00

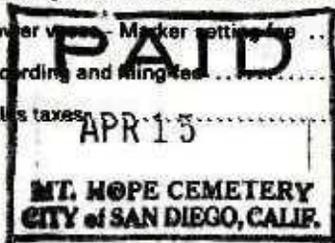
Recording and filing fee 10.50

Sales taxes 710.50

Total Due 710.50

Paid receipt number 33281 710.50

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.

Donald W. Arany
Signature
1016 VIAMARCA E.F.C.
Address
CALIF 92026
State Zip Code
743 4901
Telephone

Signature of recorded holder of deed
Help to unload

Work Order # E 5864

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 33281

Date: 4/15/86

From: Carroll Arany Address: 10116 Via Marmol Escondido 92026
Seven Hundred Ten and 50/100

Dollars (\$ 710)

In full Payment of Interment fees for Emma Arany - dec

Lot 4367 Grave 7 Row --- Section --- Division 10

Invoice No. ---

Acct. No. ---

W.O. E5864

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct

Ck Cash 2674

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 APR 16 1986
 ISSUED BY Joseph [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	60101	10 50
	9020	
TOTAL PAID		710 50

E5864

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT EMMA E. ARENZ		SEX FEMALE	DATE OF BIRTH OCT. 10, 1897	DATE OF DEATH APRIL 14, 1986
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 CARROLL W. ARENZ-SON 10116 VIA MARNOL ESCONDIDO, CA
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PACIFIC BEACH MORTUARY		CALIFORNIA LICENSE NUMBER 815		

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 17 1986 (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 04-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emma Mulholland
in a Bell Vault/Liner Funeral, date, time Fri 4/18 10:00
Church, Chapel, Graveside Flatheringill 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 4054 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 35.00

Recording and filing fee _____

Sales taxes _____

PAID
APR 17 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Called by
Wallie 04-18-86

Total Due 35.00

Paid receipt number 33297 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 5865

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 33297

Date: 04-18, 1986

From: Featherings Matt Address: 415 E. Broadway St. San Diego
thirty six and no. 100
 Dollars (\$ 35.00)
 In cash Payment of Summer Maintenance

Lot 4154 Grave _____ Row _____ Section _____ Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-5865
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATE TAXES STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 009327 APR 24 1986
 1986
 ISSUED BY: B. D. King

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77183	
Recording fees or misc. service fees	100	
	77183	<u>35.00</u>
Sales Tax	60101	
	8030	
TOTAL PAID		<u>35.00</u>

E5865

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Emma E. Mulholland		SEX Female	DATE OF BIRTH 3/29/1900	DATE OF DEATH 4/15/1986
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 Ben Holman, nephew 2545 55th. Street, San Diego, CA 92105	
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

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND 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 ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 17 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 18 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need lot for

Date 04-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ray V. Drago

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 25 Grave C Row _____ Section 3 Division/Block 2

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees THIS GRAVE MOVE 12" TO

Flower vases - Marker setting fee WEST (Irrigation Lines)

Recording and filing fee B-6-02 PS

Sales taxes

Total Due 495.00

Paid receipt number 33285 ✓ 25.00

Balance due 470.00
(over)

4-16-86

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 _____ hold under deed.

Signature of recorded holder of deed

Signature

Address

State _____ Zip Code _____

Telephone

Work Order # E 5866

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 33436

From: Kay V. Arago Address: 750 E Carson St, Carson 90745
 Date: Apr 27 19 86
Twenty five and no/100 Dollars (\$ 25.00)
 In part Payment of Proposed lot

Lot 25 Grave C Row _____ Section 2 Division 2

Invoice No. _____
 Acct. No. _____
 W.O. E-5866
 Unpaid Balance after this Payment \$445.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THE OFFICE
AUDITOR
JUN 12 1986
 ISSUED BY B. Lang

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>25.00</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>25.00</u>

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 33285

Date: 04-16, 1986

From: Karl V. Brago Address: 250 E. Cameron Canyon, Ca 90745

Twenty five and no/100 Dollars (\$ 25.00)

In cash Payment of Pre-need fee

Lot 25 Grave C Row 1130 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-58106

Unpaid Balance after this Payment \$471.00

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 21 1986

ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Loss	100	25	00
	77184		
Openings & Service Charges	100		
	77181		
Funeral Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID	0	25	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 33679

From: Kay V. Drago Address: 437 701 D. Carson St Carson, Ca 90705
 Date: 08-26, 1986

Twenty six and no/100 Dollars (\$ 25.00)

In Payment of Precedent

Lot 25 Grave C Row _____ Section 3 Division 2

Invoice No. _____

Acct. No. _____

W.O. E 5866

Unpaid Balance after this Payment \$421.00

Pre-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 27 1986

ISSUED BY B. Long

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fee or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID		<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

No 34498



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Kay V. Drago Address: 750 E. Canon St., Canon, Ca 90745
 Date: Apr 29, 19 87
Fifty and no/100 Dollars (\$ 50⁰⁰)
 In Full Payment of Preneed Lot

Lot 25 Grave C Row _____ Section 3 Division 2
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 5866

BALANCE DUE \$370⁰⁰

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 R. Sang

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	50	00
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77183			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	80033		
9032			
Sales Tax	80101		
76380			
TOTAL PAID		50	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 34844
 E5866

From: Ray Diago Address: 750 E. Carson St., Carson Date: 7-21 1987
one hundred dollars no Dollars (\$ 100.00)
 In Payment of Credit Lot Sale

Lot 25 Grave C Row _____ Section 3 Division Block 2

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 270.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 11-86)

2323

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
20% Sales of Lots	100	<u>100</u>	<u>-</u>
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	9022		
9022			
Sales Tax	60101		
76390			
TOTAL PAID		<u>100</u>	<u>-</u>

OFFICIAL RECEIPT

No 35207



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Kay Duggan Address: 750 E Wilson St Date: 10-23, 1987
Twenty - Five Dollars (\$ 25.00)
In Payment of Credit Ref

Lot 25 Grave C Row _____ Section 3 Division Block 2

Invoice No. _____
Acct. No. _____
W.O. E-5266
BALANCE DUE 245.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

2417

ISSUED Andy Wood

OFFICIAL RECEIPT

No 35362



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

From: Lay Drape Address: 750 E. Carson St #27 Date: 12-4, 1987
Twenty - five Dollars (\$ 25.00)
in Payment of audit amt

Lot 25 Grave C Row _____ Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5866

BALANCE DUE 220.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-85)

2449

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

[Handwritten Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/ Closing	100	
Burial/ Containers	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36423

Date: 7-14, 1988

From: Kay Dago Address: 750 E. Carson Blvd #27 Carson

trust - fine no/no Dollars (\$ 25.00)

In _____ Payment of Credit Lot

Lot 2.5 Grave C Row _____ Section 3 Division Block 2

Invoice No _____
 Acct. No _____
 W.O. E-5866
 BALANCE DUE 195.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

237

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 19 1988

ISSUED BY Andra Ward

CREDIT	67007	
20% Sales Care	77184	
90% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77186	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	00101	
	78390	
TOTAL PAID		<u>25.00</u>

50207

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7/21 1998

From: KAY V. DRAGO Address: 4205 Anaheim St Long Beach CA 90804

In Full Payment of One hundred ninety five 00/100 Dollars (\$ 195.00)
Pre Need Lot

Lot 25 Grave C Row _____ Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5866

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

3451

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Kay Baker

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>195 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78360	
TOTAL PAID	\$	<u>195 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50207



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7/31, 1998

From: KAY V DRAGO Address: 4205 Anaheim St Long Beach CA 90804

One hundred ninety five ^{00/100} Dollars (\$ 195.00)

In Full Payment of Pre Need Dot

Lot 25 Grave C Row _____ Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5866

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>195.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>195.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

3451

ISSUED BY Kang B...

6-9-86 - 33436 ✓

$\$470^{00}$
 25^{00}

 445.00

8-26-86 33679 ✓

25^{00}

 420.00

04-29-87 34498 ✓

50^{00}

07-21-87 34844

370^{00}

 100^{00}

10-23-87 35207

270^{00}

 25^{00}

12-4-87 35362

245^{00}

 25^{00}

 220^{00}

E 5866

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE

01/14/1986

YOUR ORDER NO.

TO:

Kay Drago
750 E. Carson Blvd.
Space 27
Carson, CA 90745

DESCRIPTION OF CHARGE

AMOUNT

Purchase of cemetery lot as follows:
Lot 25
Grave C
Section 3
Division 2

\$495.00

This lot is reserved for you. You may
pay in full or send payments as you wish.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

(DIP)

Date 4/16/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth I Parker

in a T.S. Vault Vault/Line Funeral, date, time 4/17- 10 A.M.

Church, Chapel, Graveside Memorial; Memorial Ct 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

X Lot 38 Grave 1 Row _____ Section 16 Division/Block 7

Grave space & Care Fund Per need - 19790

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container 175⁰⁰

Handling Fees 170⁰⁰

Flower vases - Marker setting fee —

Recording and filing fee 35⁰⁰

Sales taxes 10⁵⁰

PAID
APR 16
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 710⁵⁰

Paid receipt number 33290- 710⁵⁰

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.

Phyllis J Reynolds
Signature of recorded holder of deed
1189 Alexander Ave
Address
Chula Vista, Ca 92011
City
421-9856
Telephone
Zip Code

Please Call →

Work Order # **E 5867**

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 33290

Date: 4/16/86

From: Ruth T. Parker
 Address: 6912 1/2 Mission Gorge - S.D. 92120
 Seven hundred and 50/100 Dollars (\$ 710.50)

In full Payment of Interment of Ruth T. Parker - Dec.

Lot 38 Grave 1 Row Section 16 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-5867
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash
 1383

AC-212 (Rev. 8-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 21 1986 1986

Roger [Signature]

CREDIT	57007	
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
	8030	
TOTAL PAID		710.50

E5867

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT RUTH IDELLA PARKER		SEX Female	DATE OF BIRTH 02-18-1904	DATE OF DEATH April 16, 1986
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 Phyllis Reynolds (Daughter) 1189 Oleander Avenue Chula Vista, CA 92011	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 17 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 17 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-17-86

Pre-need lot for

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Russell E. Ivory

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 106 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup

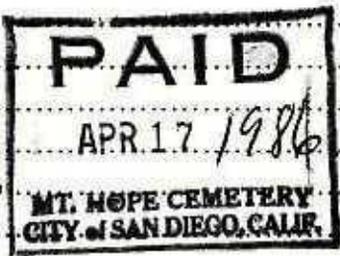
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Total Due 250.00

Paid receipt number 33294 250.00

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 _____

Russell E. Ivory
Signature
2043 Harrison Ave
Address
San Diego Cal 92113
State
233-7120 Zip Code
Telephone

Work Order # E 5868

Invoice # _____

PY-593 (REV. 8-85)

Acct. # _____

11263

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3181

No 33294

Date: 04-17, 1986

From: Russell E. Waver Address: 2043 Hammond St, CA 92113

Two hundred fifty and no/100 Dollars (\$ 250.00)

In full Payment of Pro-need lot

Lot 106 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-58168

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 21 1986 1986

ISSUED BY B. Long

CREDIT	57007		
20% Sales Tax	77184	50	00
80% Sales of Lots	100	200	00
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	80101		
80200			
TOTAL PAID		250	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mortuary
to bring check
4-22

Date 4-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James H. Benson

In a Bell Funeral, date, time Tues 4/22 11:00

Church, Chapel, Graveside, Poway 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 11 Row _____ Section 3 Division/Block 5

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing & Setup 320.00

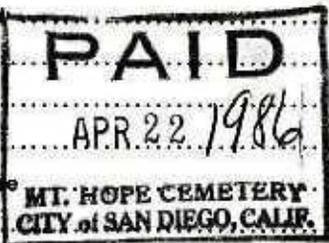
Burial Container 180.00

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 33301 606.00

Balance due 0

Called by Vicky Poway Mort.
4-22-86

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

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5869**

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33301

Date: 04-23, 1986

From: Power Bernardo Mart Address: 13243 Poway Rd Poway 92064

six hundred six and no/100 Dollars (\$ 666.00)

In full Payment of James S. Benson services

Lot 66 Grave 11 Row _____ Section 3 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-5869

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 APR 24 1986
 1986
 ISSUED BY B. Lang

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		321.00
Burial Containers	100		
	77182		100.00
Recording fees or misc. service fees	100		
	77183		180.00
Sales Tax	80101		
	8020		60.00
TOTAL PAID	6		666.00

E5869

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT JAMES G. BENSON		SEX Male	DATE OF BIRTH October 19, 1897	DATE OF DEATH April 19, 1986
PLACE OF DEATH—CITY OR TOWN Poway	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego County		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Elsie Speck Daughter	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Poway-Bernardo Mortuary		CALIFORNIA LICENSE NUMBER F1195	13850 Midland Poway, CA 92064	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ N/A
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 21 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 22 1986 (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 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

Preneed lot for

Date 04-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marnie Ackerman

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 1221 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ \$ 595.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

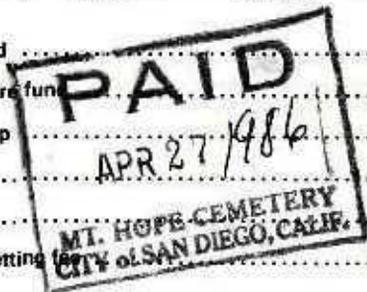
Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____

Sales taxes _____



Total Due \$ 595.00

Paid receipt number 33299 50

Due June 1986 33308 Balance due \$ 545.00
427-86 545.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature 4163 Cleveland

Address SD. Ca 92103

State _____ Zip Code _____

Telephone _____

Work Order # E 5870

Invoice # _____

Acct. # _____

PY-503 (REV. 8-85)

#11265

See attached letter

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33299

Date: 04-21, 1986

From: Marnie Ackerman Address: 4163 Cleveland Ave N 92103

Twenty and no/100 Dollars (\$ 50.00)

In cash Payment of Preneed lot for Marnie Ackerman

Lot 1921 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5870

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 APR 24 1986

ISSUED BY B. Wang

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>50.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	80200	
TOTAL PAID		<u>51.00</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 33308

Date: 4/27/86

From: Marnie Sherman Address: 4163 Cleveland Ave #17
92103
Five Hundred forty five Dollars (\$ 545⁰⁰)
 In full Payment of Pre-need lot for herself — Pre-need

Lot 1221 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-5870
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash t.c.
600-

AC-212 (Rev. 9-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR 1986
 APR 30 1986
[Signature]

CREDIT	87007	
30% Sales Tax	77184	119 00
80% Sales of Lots	100	426 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		545 00

April 18, 1986

Mount Hope Cemetery
3751 Market Street
San Diego Ca. 92102

Dear Barbara:

My husband Mr. Max Ackerman
was buried Oct 6, 1984 on lot
#1220 Block 10. I requested
by telephone yesterday
that lot #1221 be reserved
for me. I will pay the
balance in June.

Please send me an agree-
ment and price \$95⁰⁰ To
that effect. I am a member
of the Memorial Society.
With many thanks, I am
Cordially Yours,
Harnie Ackerman

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

(DIP)

Date 04-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cecil Siggery
in a Bell Funeral, date, time Thu 4/85 2:00
Church, Chapel, Graveside Mortuary. Humphrey

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 3164 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 _____

PAID
APR 23 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 33304 35.00

Balance due 0

4-23-86

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 _____

Cecil Siggery
Signature 5521 6001 ST
Address S. D. CA. 92117
State _____ Zip Code _____
272-3539
Telephone _____

Work Order # E 5871

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 33304

Date: 4-23, 1986

From: Florie Siggery Address: 5521 Solist St La Jolla 92037

Trust for Paul no 1100 Dollars (\$ 35.00)

In full Payment of Cecil Siggery service

Lot 3164 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5871

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. Long

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	<u>25.00</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>35.00</u>

E5871

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT CECIL SIGGERY		SEX Male	DATE OF BIRTH June 24, 1901	DATE OF DEATH April 20, 1986
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 Flossie Siggery (Wife) 5521 Lodi Street San Diego, CA 92117	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego,
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 22 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 25 1986 (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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cora Mae Jackson

in a Bele Vault/Liner Funeral, date, time Fri 4/25 2:00

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 130 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 350⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 320⁰⁰

Burial Container 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

NSF check Total Due 956⁰⁰
Paid receipt number + 10⁰⁰

Balance due 966⁰⁰

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 held under deed.
Johnnie Andrew
Signature of recorded holder of deed
Signature Johnnie Andrew
Address 3837 Highland Ave #4
City LA Zip Code 92105
State CA
Telephone 282-7034

Work Order # E 5872
PV-583 (REV. 8-85)

Invoice # 042863
Acct. # 017136

NOTE—STRAIGHT

\$ 956⁰⁰ San Diego, California, April 25, 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 Nine hundred fifty six and no/100 DOLLARS.

with interest from May 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 James Fisher
3837 Highland Ave #4

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

S.D. CA 92105

E5872

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Cora Mae Jackson		SEX Female	DATE OF BIRTH Sept. 4, 1937	DATE OF DEATH April 20, 1986
PLACE OF DEATH—CITY OR TOWN Banning	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Riverside		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Johnny Jackson - Husband 1214 East George Banning, California 92220	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street; San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED 4-22-86
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 25 1986 <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P. J. Gallagher, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33545

From: Yvonne Andersen (H) 282-7034 Address: 3837 High Lane Ave #4 San Diego (W) 230-4475 Date: July 11, 1986
Nine thousand five hundred Sixty + 00/100 Dollars (\$ 956.00)
 In Full Payment of Cora Mae Jackson
i Service

Lot 130 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. 042863
 Acct. No. _____
 W.O. E-5872
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.
 1986
 ISSUED BY Christine Connor

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>956.00</u>

Pre-Need At Need On Acct
 Ck Cash

E 5872

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33582



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

Date: 7/28/86, 19

From: Yvonne Anderson Address: 3837 Aguilera Ln 92105
Hewadny, 00 Dollars (\$ 10.00)

In full Payment of Check for returned - Jackson Lewis E-5872

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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
JUL 30 1986
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Funeral Containers	100	
	77182	
Recording fees or misc. service fees	100	10.00
	77183	
Sales Tax	60101	
	8020	
TOTAL PAID		10.00

45872

CITY TREASURER
SAN DIEGO

5696507/16/86		956.00	INVS
07/16/86	5696 5	956.00	CA
07/16/86	5696 5	.00	BA

55872

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 017136

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 7-9-86

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER 801

AMOUNT PAID <956.00>

TREASURER VALIDATION = INVS

CUSTOMER DATA
07/11/86 7934 5 956.00 CH
07/11/86 7934 5 .00 BA

CUSTOMER ACCOUNT NAME Yvonne Anderson

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS _____

REMARKS BARBARA LANG (3151)
M.S. 72

CASHIER [Signature]

INV. NO. 042863

SAN DIEGO CA 92105

INVOICE # 042165

042165, 85872

39-718
3222

June 22 19 85

VOID AFTER AUGUST 31, 1986

PAY TO THE ORDER OF

City Treasurer

NOV

956.00

Nine hundred and fifty six dollars and 00/100

DOLLARS



Great American
First Savings Bank

600 B Street
San Diego, California 92183

Maurice J. Anderson

⑆ 3 2 2 2 7 1 0 1 0 2 3 9 0 0 6 6 2 2 7 ⑆ 5 8 0 ⑆ 0 0 0 0 0 9 5 6 0 0 ⑆

Rand McNally & Co - FSO

E5872

CITY TREASURER
SAN DIEGO

7934507/11/86VD	956.00-	INVS
07/11/86 7934 5	956.00	CH
07/11/86 7934 5	.00	BA

E 5872

TOTAL AMOUNT PAID 956.00

NUMBER OF INVOICES PAID 1

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	OPER	PD	PAYM BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
042863	05/07/86	017136	YVONNE ANDERSEN	100	072		77181	000072	000072	000072	000072	000072	320.00	956.00	0.00
				100	072		77182	000072	000072	000072	000072	000072	100.00		
				100	072		77183	000072	000072	000072	000072	000072	180.00		
				100	072		77184	000072	000072	000072	000072	000072	270.00		
				60101			9020						6.00		
				67007			77184						80.00		

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/25/86

DATE: 06/25/86
TIME: 221904
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/14/86

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	OPER	PD	PAYM BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
042863	05/07/86	017136	YVONNE ANDERSEN	100	072		77181	000072	000072	000072	000072	000072	320.00	956.00	0.00
				100	072		77182	000072	000072	000072	000072	000072	100.00		
				100	072		77183	000072	000072	000072	000072	000072	180.00		
				100	072		77184	000072	000072	000072	000072	000072	270.00		
				60101			9020						6.00		
				67007			77184						80.00		

mt. Hope

E 5872

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Preneed lot for

Date 04-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

** Fred D. Butler + Guanita*

in a _____ Vault/Urns 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 85 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund *11 mo @ \$25⁰⁰* _____

Opening/Closing & Setup *last payment \$20⁰⁰* _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAR 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

4-22-86

Paid receipt number 33302 ✓ 300⁰⁰

Balance due 295⁰⁰
(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 _____

Fred D. Butler
Signature
Phone 279-1356
Address
6669 Manning St
State
S.D.C. Zip Code
92111
Telephone

Work Order # E 5873

PY-593 (REV. 9-85)

#11385

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 33302

Date: 04-22, 1986

From: Fred D. Butler Address: 6669 Manning St, La Ca 92011

Three hundred and no/100 Dollars (\$ 300⁰⁰)

In part Payment of Credit Sale Lot

Lot 85 Grave 4 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5873

Unpaid Balance after this Payment \$595⁰⁰

11 e 325 m lost \$20⁰⁰

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
 APR 24 1986

ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>300</u>	<u>00</u>
	77184		
Opening & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or inst. service fees	100		
	77183		
Sales Tax	80101		
	80200		
TOTAL PAID		\$	<u>300 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 33329

Date: 05-17, 1986

From: Fred D. Butler Address: 6669 Manning St. La Mesa Ca 92040

Twenty six and no/100 Dollars (\$ 26.00)

In part Payment of prepaid lot - credit sale

Lot 15 Grave 4 Row _____ Section 2 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-5873

Unpaid Balance after this Payment \$26.90

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 08 1986
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>26.00</u>	
	77184		
Opening & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77185		
Sales Tax	80101		
	8020		
TOTAL PAID	0	<u>26.00</u>	

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5873

E5873

Fred D. & Juanita Butler

85-4-2-12

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				X							

Amount due when paid on, or before,
due date above.



\$ 25.00

10th

Amount due if paid more than 15 days
after due date above.



\$ 1.00

5/7/86

33329

\$ 26.00

Amount Received

\$ 26.00

NAME Fred D. Butler

ADDRESS 6669 Manning St

CITY S. D.

STATE Ca.

ZIP 92311

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT-HOPE CEMETERY
 264-3151

No 33417

Date: 06-14, 1986

From: Fred A. Butler Address: 6669 Manning St No 9-111

Twenty six and no/100 Dollars (\$ 26.00)

In att Payment of Credit sales lot

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5870

Unpaid Balance after this Payment \$24.00

Pre-Need At Need On Acct

Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 06 1986

ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>26.00</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>26.00</u>

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-5873

E5873

Fred D. & Juanita Butler
85-4-2-12

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				X							

Amount due when paid on, or before,
due date above.

10th

\$ 25.00

Amount due if paid more than 15 days
after due date above.

\$ 1.00

\$ 26.00

NAME Fred D. Butler Amount Received \$ 26.00
ADDRESS 6669 Manning St
CITY S.D. STATE Pa. ZIP 92011

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33528

Date: 7/7/86, 19__

From: Fred A. Butler Address: 6669 Manning St SD 92111
~~Twenty six and no/100~~ Dollars (\$ 26⁰⁰)
 In Appen 3 Payment of Coupon 3 of Credit Sale

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5873
 Unpaid Balance after this Payment 217⁰⁰

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

AUDITOR
 JUL 09 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>26 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>26 00</u>

Pre-Need At Need On Acct
 Ck Cash
095-4143-352
 AC-212 (Rev. 8-85)

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5873**

E5873

Fred D. & Juanita Butler

85-4-2-12

Rec # 33528-77

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				X							

Amount due when paid on, or before,
due date above.



\$ **25.00**

0th

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

NAME **Fred D. Butler** Amount Received \$ _____

ADDRESS **6669 Manning St**

CITY **L. 10** STATE **CA** ZIP **92111**

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33611

Date: 08-05, 19 86

From: Fred D. Butler Address: 6669 Manning St. Ca 92111

Twenty six and no/100 Dollars (\$ 26⁰⁰)

In part Payment of Credit sales lot

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5873

Unpaid Balance after this Payment \$ 191⁰⁰

Pre-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 1986
 AUG 07 1986

ISSUED BY B. D. [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>26</u>	<u>00</u>
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 9080		
TOTAL PAID		<u>26</u>	<u>00</u>

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

~~E-5873~~

E5873.

Fred D. & Juanita Butler
85-4-2-12

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				X							

Amount due when paid on, or before,
due date above.

10th



\$ **25.00**

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____
NAME Fred D. Butler

ADDRESS 6669 Manning St

CITY S. D. STATE Ca. ZIP 92111

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33698

Date: 09-03, 1986

From: Fred D. Butler Address: 6669 Manning St La Mesa 92111

Twenty six and no/100 Dollars (\$ 26⁰⁰)

In part Payment of Preneed Cost

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5873

Unpaid Balance after this Payment \$165⁰⁰

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
 1986
 SEP 05 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Tax	77184	<u>26</u>	<u>00</u>
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>26</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5873**

E5873

Fred D. & Juanita Butler

85-4-2-12

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				X							

Amount due when paid on or before
due date above



\$ **25.00**

.0th

Amount due if paid more than **15** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **26⁰⁰**

NAME **Fred D. Butler**

ADDRESS **6669 Manning St**

CITY **S.D.**

STATE **CA.**

ZIP **92111**

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3181

No 33805

Date: 11-6, 1986

From: Fred D. Butler Address: 6669 Manning St, Dec 9-11

what you are not on Dollars (\$ 26⁰⁰)

In out Payment of Preneed Cost

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5873

Unpaid Balance after this Payment \$139⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 10 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Tax	77184	<u>26</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77183		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID		<u>26</u>	<u>00</u>

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-5873

E5873

Fred D. & Juanita Butler
85-4-2-12

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				X							

Amount due when paid on, or before,
due date above.



25.00

\$

10th

Amount due if paid more than **15** days
after due date above.



1.00

\$

\$

Amount Received \$

NAME

Fred D. Butler

ADDRESS

6669 manure st

CITY

S. D.

STATE

CA

ZIP

92111

check (✓) if this is new address

OFFICIAL RECEIPT

No 33921


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 284-3151

Date: 11-13, 1986

From: Fred O. Butler Address: 6669 Manning St, La Jolla

Twenty six and no/100 Dollars (\$ 26.00)

In part Payment of Preneed lot

Lot 85 Grave 4 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5873

BALANCE DUE \$113.00

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.CITY AUDITOR
NOV 17 1986

ISSUED BY P. S. [Signature]

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	26	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63035		
	9022		
Sales Tax	80101		
	78300		
TOTAL PAID	\$	26	00

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5873** • **E5873**

Fred D. & Juanita Butler

85-4-2-12

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				X							

Amount due when paid on, or before,
due date above

▶ \$ **25.00**

10th

Amount due if paid more than **15** days
after due date above.

▶ \$ **1.00**

\$ _____

NAME Fred D. Butler Amount Received \$ 26.00

ADDRESS 6669 Manning St

CITY S.D. STATE Pa. ZIP 92114

check (✓) if this is new address

OFFICIAL RECEIPT

No 33978



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 12-4, 1986

From: Fred D. Butler Address: 6669 Manning St - N Co 92111

Twenty six and no/100 Dollars (\$ 26⁰⁰)

In part Payment of part preneed lot

Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5873

BALANCE DUE \$87⁰⁰

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.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>26⁰⁰</u>
Opening/Closing	77181	
Stairs/Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>26⁰⁰</u>

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5873** *E5873*

Fred D. & Juanita Butler
85-4-2-12

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				X							

Amount due when paid on, or before,
due date above.

10th

\$ 25.00

Amount due if paid more than **15** days
after due date above.

\$ 1.00

\$ _____

NAME _____ Amount Received \$ _____

Fred D. Butler

ADDRESS **6669 Manning St**

CITY **S. D.** STATE **Ca.** ZIP **92111**

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
 264-3151

No 34068

Date: 01-07, 19 87From: Fred D. Butler Address: 6669 Manning St. S.D. Ca 92111
Twenty six and no/100 Dollars (\$) 26⁰⁰
In Int Payment of Preneed lot
 Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-5873BALANCE DUE \$61⁰⁰Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 11-66)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

JAN 08 1987

ISSUED BY P. Lang

CREDIT	87007		
20% Sales Care	77184	<u>26</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	69033		
	9022		
Sales Tax	60101		
	75390		
TOTAL PAID	\$	<u>26</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5873**

£ 5873

Fred D. & Juanita Butler

85-4-2-12

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				X							

Amount due when paid on, or before,
due date above



25.00

10th

Amount due if paid more than **15** days
after due date above.



1.00

NAME Fred D. Butler Amount Received \$ _____

ADDRESS 6668 manure

CITY S. D. STATE Ca ZIP 92111

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
 284-3151

No 34167

Date: 02-04, 1989
 From: Ind D. Butler Address: 6669 Manning St La Jolla 92111
Twenty six and no/100 Dollars (\$ 26⁰⁰)
 In part Payment of Preneed lot

 Lot 85 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5873BALANCE DUE \$ 35⁰⁰Pre-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

R. Lang

CREDIT	67007	
20% Sales Care	77184	<u>15⁰⁰</u>
50% Sales of Lots	100	<u>11⁰⁰</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63083	
8022		
Sales Tax	80101	
78360		

TOTAL PAID \$ 26⁰⁰

Send or bring one coupon with each remittance **COUPON**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-5873

E 5873

Fred D. & Juanita Butler
85-4-2-12

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				X							

Amount due when paid on, or before,
due date above.

10th

\$ 25.00

Amount due if paid more than **15** days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ _____

NAME Fred D. Butler

ADDRESS 6669 Manning St

CITY S. D. STATE Ca. ZIP 92115

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
 264-3151

No 34270

Date: 03-05, 1987

From: Fred D. Butler Address: 6669 Manning St SD Ca 92111
Thirty five and no/100 Dollars (\$ 35.00)
 In Full Payment of Preneed lot

Lot 85 Grave 4 Row 1 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 5873BALANCE DUE 0Pre-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. Tang

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>35.00</u>
Opening/Closing	77181	
Survival Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78300	
TOTAL PAID		<u>35.00</u>

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

E5873

ACCOUNT No.

E-5873 *

Fred D. & Juanita Butler

85-4-2-12

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				X							

Amount due when paid on, or before, due date above



\$ 25.00

/0th

Amount due if paid more than 15 days after due date above.



\$ 1.00

\$ 85.00

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 04-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosario B. Ordono
 in a Bell liner Funeral, date, time 3PM TUE - 4/23
 Church, Chapel, Graveside Shoreline : T.J. - 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 4760 Grave _____ Row _____ Section _____ Division/Block 10

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

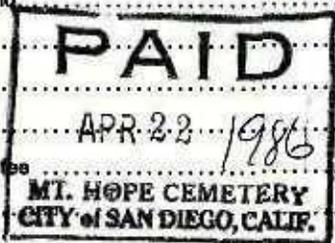
Sales taxes _____ 6.00

Total Due _____ 606.00

Paid receipt number 33303 606.00

Balance due 0

4-22-86



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.

Paul O. Tamayo
 Signature
411 NICKMAN ST CHULA VISTA
 Address
CA. 92011
 State Zip Code
427-7545
 Telephone

Signature of recorded holder of deed _____

Work Order # E 5874
 PY-593 (REV. 8-85)

Invoice # _____
 Acct. # _____

Bal Fwd - \$295⁰⁰

5-4-86 33329 ✓ - 26⁰⁰

269⁰⁰

6-4-86 33417 ✓ 26⁰⁰

243⁰⁰

7/7/86- #3 33528 ✓ 26⁰⁰

217⁰⁰

8-5-86 33611 ✓ 26⁰⁰

\$191⁰⁰

9-3-86 33698 ✓ 26⁰⁰

165⁰⁰

10-6-86 33805 ✓ 26⁰⁰

139⁰⁰

11-13-86 33921 ✓ 26⁰⁰

113⁰⁰

12-4-86 33978 ✓ 26⁰⁰

87⁰⁰

01-07-87 34068 ✓ 26⁰⁰

61⁰⁰

02-04-87 34167 ✓ 26⁰⁰

35⁰⁰

03-05-87 34270 35⁰⁰ 0

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33303

Date: 04-23, 1986

From: Paul C. Tamayo Address: 411 Hillman St. O.V. No 91011

my numbered bank up and 2900 Dollars (\$ 666.00)

In full Payment of Franklin B. Catoney service

Lot 4760 Grave _____ Row _____ Section _____ Division Block- 10

Invoice No. _____

Acct. No. _____

W.O. E-5874

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 24 1986

ISSUED BY [Signature]

CREDIT	67007		
30% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>300</u>	<u>00</u>
	77181		
Serial 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>6</u>	<u>00</u>
	9020		
TOTAL PAID	0	<u>666</u>	<u>00</u>

E5874

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33305

Date: 4/23/86, 19

From: Paul Tamayo

Address: 411 Nickman Ct 92011

50.00 Dollars (\$ 50.00)

In full Payment of maintenance of double Rose Tree area of - for Rosario Ordoney

Lot 4760 Grave _____ Row _____ Section ~~FD~~ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. _____

Unpaid Balance after this Payment 0

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 30 1986

Leoyu [Signature]

ISSUED BY _____

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recounting fees or misc. service fees	100	
	77183	50.00
Sales Tax	80101	
	8030	
TOTAL PAID		50.00

E 5874

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT FERRARIO BARRAZA ORDONEZ		SEX FEMALE	DATE OF BIRTH UNKNOWN 8/26/1906	DATE OF DEATH APRIL 22, 1986
PLACE OF DEATH—CITY OR TOWN TIJUANA	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) BAJA CALIFORNIA		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT BENJAMIN ORDONEZ -SPOUSE MIGUEL ATEMAN-1882A COL. GABRIEL, TIJUANA, MEXICO	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PROFESSIONAL MORTUARY SERVICES		CALIFORNIA LICENSE NUMBER 9-1425		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, SAN DIEGO, CALIFORNIA		COUNTY SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED NA	SIGNATURE OF PERSON IN CHARGE OF CREMATORY NA	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY NA	
BURIAL AT SEA OR DISPOSITION OTHER 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 NA	
			DATE SIGNED NA	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 22 1986	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	APR 23 1986 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION NA

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 4/22/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~John~~ Leodale Green Varnado

in a urn Funeral, date, time Fri 11 AM 4/25

Church, Chapel, Graveside Church & S Rancho 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 10 Row - Section 2 Division/11

Grave space & Care Fund 250.00

Additional spaces and care fund 320.00

Opening/Closing & Setup 100.00

Burial Container 145.00

Handling Fees -

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 807.00

Mary Ann Gallagher
236-7171-

Total Due 807.00

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 _____

*Fellie Gene Varnado
Signature 4065 40th Street
Address San Diego CA 92105
City 283-8356 Zip Code
Telephone

Work Order # E 5875
PV-483 (REV. 8-86)

Invoice # 042871
Acct. # 016682

E5875

CITY TREASURER
SAN DIEGO, CALIFORNIA

9753109/05/86		829.92	INVS
09/05/86 9753	|	829.92-	CH
09/05/86 9753	|	.00	BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 294-3151

No 33702

Date: 09-14, 1986

From: Office of D.A. Address: PO Box X 1011 La Jolla 92032

In part Payment of various services Dollars (\$ 829.92)

Lot 68 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. 042871

Acct. No. 016682

W.O. E-5875

Unpaid Balance after this Payment \$26.08

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	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	
	8080	
TOTAL PAID		<u>\$ 829.92</u>

NOTE—STRAIGHT

\$ 852.⁰⁰ San Diego, California, 4/22/86, 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 Eighthundred fifty two and 00/100 DOLLARS.

with interest from 5/20/86 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 an action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Fillie Gene Varnado

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E5875

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT LEEDALE WARREN VARNADO		SEX Male	DATE OF BIRTH Jan. 19, 1965	DATE OF DEATH Apr. 19, 1986
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 Fillie Gene Varnado - Mother 4065-40th Street San Diego, California 92105	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE
5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	<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 N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 23 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Ramos, M.D. mtr</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 25 1986		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.



from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

E5875

MEMO

4/30/86

Dear Marianne:

Attached is a copy of the interment order with the breakdown of charges.

Your prompt payment will be greatly appreciated.

Please make check payable to: Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102.

Thank you.

Sincerely,

Barbara Lang

Barbara Lang
Administrative Aide II

E5875

STATE BOARD OF CONTROL—VICTIM OF CRIME VERIFICATION UNIT

STATE OF CALIFORNIA

FUNERAL/BURIAL VERIFICATION
(8/83)

Please reply to:

- 30 Van Ness Avenue, Third Floor • San Francisco, CA 94102-8074 (415) 557-2936
- 107 South Broadway Room 711B • Los Angeles, CA 90012-4638 (213) 620-2764
- 1008 Second Street, Lower Level • Sacramento, CA 95814-3278 (915) 323-7081

Date

RECEIVED
JUN 20 1986
MT. HOPE CEMETERY

Mt. Hope Cemetery
3751 Market
San Diego, CA 92102
Billing

Deceased Victim: *Louise W. ...*
Date of Death: *4/9/86*

Our Claimant: *F. ...*
Our Claim No.: *...*

A Victim of Violent Crime claim has been filed for unreimbursed funeral/burial expenses. In order for us to process this claim please send a copy of the itemized statement and complete the lower portion of this form.

A release of information authorization is enclosed. Also provided is a self-addressed envelope for your convenience.

Thank you for your cooperation in this matter.

Sincerely,

[Signature]
Claims Specialist
(916) 525-2872

GOVERNMENT CODE SECTION 13962(b) states in part "...All pertinent information deemed by the Board shall be returned to the Board within 10 business days...."

Enclosure

Funeral Costs	Burial Costs	Headstone Costs	Name & Address of Insurance	
\$	\$ 856 ⁰⁰	\$		
Soc. Sec. Benefit	Veterans Benefits	Insurance		
\$	\$	\$		
Other Payments	From Whom?	Phone	Policy No.	
\$		()		
Paid by Claimant	Balance Owing	Name of Policyholder		
\$	\$ 856 ⁰⁰			
Plot	Further payments expected? []yes []no	SIGNED BY		
<input checked="" type="checkbox"/> Single []double	\$ From Whom?	<i>Barbara Lang</i>		
Who is legally responsible for the bill?		TITLE		
<i>Fillie Gene Varnard</i>		<i>Adm. Aide II</i>		
Comments		PHONE	DATE	
<i>Invt & Statement to Mary Ann Gallagher</i>		<i>(619) 264-3151</i>	<i>6-25-86</i>	

Victims of Crime

E5875

AUTHORIZATION TO OBTAIN INFORMATION

STATE BOARD OF CONTROL
STATE OF CALIFORNIA

IN THE MATTER OF:

VICTIM: LEEDACE WARREN VARNADO APPLICANT: FILLIE GENE VARNADO

Pursuant to Section 13959 et seq., California Government Code - Aid to Victims of Violent Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the Board of Control or their representatives to examine all medical and employment records, including but not limited to all governmental or private unemployment and disability insurance benefits, hospital/medical benefits, including diagnosis, prognosis, or evaluations.

I further authorize the examination of all Federal and State tax data, and other information concerning the financial status of the victim, his/her family or dependents, including all governmental or private benefits received and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Violent Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release and it is as valid as the original.

ENTER NAME, ADDRESS, AND TELEPHONE NUMBER OF CLAIMANT'S REPRESENTATIVE IF OTHER THAN APPLICANT			
NAME	NAME OF FIRM OR ORGANIZATION		PHONE NUMBER
M. Marianne Gallagher	VW Program		619-236-7177
ADDRESS	STREET	CITY	STATE ZIP CODE
P.O. BOX 8	1011	S.D.	Ca 92117

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

DATED AT <u>SAN DIEGO</u> , CALIFORNIA, THIS <u>21</u> DAY OF <u>April</u> , 19 <u>88</u>	
CLAIMANT'S SIGNATURE	ADDRESS STREET CITY STATE ZIP CODE
<u>Fillie Gene Varnado</u>	<u>4065 40th St San Diego CA 92105</u>
SOCIAL SECURITY NUMBER	DATE OF BIRTH
<u>433-52-9656</u>	<u>11-15-34</u>
MEDICAL OR MEDICARE NUMBER	PHONE NUMBER
_____	<u>(619) 283-8356</u>

E5875

042871 05/07/86 016682 OFFICE OF DISTRICT ATTORNEY 09/04/86 CK 61724840

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77184	000072
60101		9020	
67007		77184	

829.92
310.25
96.95
174.52
193.91
5.82
48.47

856.00 PARTIAL PAYMENT 20.08 ✓

E5875 mt. Lopez

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E5875

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/10/86

DATE: 12/10/86
TIME: 222334
PAGE: 3

DEPARTMENT 052 CITY TREASURER GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAYM DATE	PD BY	PAYM REC NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
042871	05/07/86	016682	OFFICE OF DISTRICT ATTORNEY						12/05/85	CK	102	25.08	856.00	0.00
				100	072		77181					9.75		
				100	072		77182					3.05		
				100	072		77183					5.48		
				100	072		77184					5.09		
				60101			9020					0.18		
				67007			77184					1.53		

mt. Lopez

✓

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ellen Teresa Johnson
in a Bell Vault/Liner Funeral, date, time Tue 4/29 2:00
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 134 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 495⁰⁰
Additional spaces and care fund _____
Opening/Closing & Setup 320⁰⁰
Burial Container 100⁰⁰
Handling Fees 145⁰⁰
Flower vases - Marker setting fee _____
Recording and filing fee 35⁰⁰
Sales taxes 6⁰⁰
30 Day note Insurance Total Due 1101⁰⁰
Paid receipt number _____
Balance due _____

(Res. 904)

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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 Johnson, John
Address 1364 Rogdale Ave
San Diego CA 92114
State _____ Zip Code _____
Telephone 262-8588

Work Order # E 5876

Invoice # 042864
Acct. # 017137

NOTE—STRAIGHT

\$ 1101.00 San Diego, California, April 29, 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 Seven hundred one and no/100 DOLLARS.

with interest from May 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 *John J. Johnson*

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 5876

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ELLEN THRESA JOHNSON		SEX Female	DATE OF BIRTH Aug. 7, 1939	DATE OF DEATH April 23, 1986
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 Johnnie Johnson, Jr. - Husband 7364 Peter Pan Avenue San Diego, CA 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		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 \$3.00	DATE PERMIT ISSUED APR 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 29 1986 <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Roman, M.D.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Cozy...</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.

E5876

042864 05/07/86 017137 JOHIE JOHNSON

E5876

100	072
100	072
100	072
100	072
60101	
67007	

06/02/86 CA

77181	000072
77182	000072
77183	000072
77184	000072
9020	
77184	

1,101.00
320.00
100.00
180.00
396.00
6.00
99.00

1,101.00

PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nippani Rene Terrell in a Baby Liner Funeral, date, time Wed 4/30 11:00 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 973 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund		<u>100⁰⁰</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>100⁰⁰</u>
Burial Container		<u>50⁰⁰</u>
Handling Fees		<u>11⁰⁰</u>
Flower vases - Marker setting fee		<u>35⁰⁰</u>
Recording and filing fee		<u>3⁰⁰</u>
Sales taxes		<u>299⁰⁰</u>
	Total Due	<u>299⁰⁰</u>
	Paid receipt number <u>33311</u>	<u>299⁰⁰</u>
	Balance due	<u>0</u>

PAID
APR 28 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

4-28-86

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.
Nippani Rene Terrell
Signature of recorded holder of title

Nippani Rene Terrell
Signature
1181 HARVEY LN #219
Address
AUSTIN TEXAS 78721
City
(512) 4770885
Telephone Zip Code

Work Order # E 5877
PY-583 (REV. 9-85)

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 33311

From: Almer Terrill Address: 1181 Garay #19, Austin, Texas
 787-1
 Date: 04-28, 1986
Two hundred ninety nine and 20/100 Dollars (\$ 299.00)
 In full Payment of Deborah Rene Terrill

Lot 973 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E-5277
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 3-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 APR 30 1986
 ISSUED BY B. Davis

CREDIT	67007		
20% Sales Tax	77184	20	00
80% Sales of Lots	100 77184	80	00
Openings & Service Charges	100 77181	100	00
Burial Containers	100 77182	50	00
Recording fees or misc. service fees	100 77183	46	00
Sales Tax	80101 8020	3	00
TOTAL PAID		299	00

E5877

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Tiffani Rene' Terrell		SEX Female	DATE OF BIRTH April 11, 1986	DATE OF DEATH April 24, 1986
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 Vicki Mathis - Mother 6174 Olvera Street San Diego, CA 92114	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

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 Mt. Hope Cemetery; 3751 Market Street; San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$300	DATE PERMIT ISSUED APR 29 1986	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 APR 30 1986		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

4-28-86

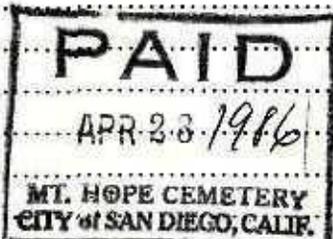
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary H. Beans
in a TS Vault Funeral, date, time Wed 4/30 11:00
Church, Chapel, Graveside Mortuary. Rogstad

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 12 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495 ⁰⁰
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 ²⁰
Total Due	1205 ²⁰
Paid receipt number	33312 1205 ²⁰
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

Margaret A. Watson
Signature
1787 Grayley Circle
Address
San Diego, Ca. 92114
State
263-3819
Telephone
Zip Code

Work Order #

E 5878

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

No 33312

Date: 04-28, 1986

From: Margaret A. Watson Address: 1727 Pooley Circle, S.D. Co 92114

Twelve hundred five and 20/100 Dollars (\$ 1205.20)

In full Payment of Mary & Jean Stone

Lot 12 Grave 10 Row _____ Section 9 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-5671

Unpaid Balance after this Payment 0

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 30 1986

ISSUED BY B. Long

CREDIT	67007	
30% Sales Tax	77184	99.00
80% Sales of Lots	100 77184	396.00
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	175.00
Recording fees or misc. service fees	100 77183	265.00
Sales Tax	80101 8020	10.20
TOTAL PAID		1205.20

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33355

Date: 05-13, 1986

From: Gayne A. Richards Address: 943 Nolan Way, C.V. Ca 92111

Plenty and repair Dollars (\$ 51.00)

In grave Payment of grave tree installed on
Trigoniak - (1st Prime Base)

Lot 41 Grave 1 Row 15 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. 5878

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
MAY 15 1986

ISSUED BY B. Long

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or inst. service fees	100	
	77183	<u>50.00</u>
Sales Tax	80101	
	8030	
TOTAL PAID		<u>51.00</u>

E5878

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT MARY HELEN BEANS		SEX Female	DATE OF BIRTH Nov. 13, 1932	DATE OF DEATH Apr 11 27, 1986
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 Talbert Beans - Husband 260 50th St. #J San Diego, CA 92102
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 29 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 30 1986 (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.

Vaughn Mitchell

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Quiraga

in a Ash Vault Funeral, date, time Thurs. 5/1 2:00

Church, Chapel, Graveside La Cienega 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 66 Grave 6 Row _____ Section 4 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 APR. 23. 1986

Recording and filing fee 35.00

Sales taxes 2.40

PAID
APR. 23. 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 242.40

Paid receipt number 33314 242.40

Balance due 0

Center of
grave

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.

Paula K. Lektoria
Signatures of recorded holder of deed

Paula K. Lektoria
Signature 3750 Antigua St.
Address San Diego, Calif 92111
City 569-6605 Zip Code
Telephone

Work Order # **E 5879**

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 33314

Date: 04-28, 1986

From: Albert L. Lister Address: 3750 Antium St. La Jolla 92031

In cash Payment of Mary D. Quiroga 40/100 Dollars (\$ 242.40)

Lot 666 Grave 61 Row 1 Section H Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-5879

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	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Opening & Service Charges	100	165.00
	77184	
Burial Containers	100	46.00
	77184	
Recording fees or misc. service fees	100	95.00
	77184	
Sales Tax	80101	240
	8030	
TOTAL PAID	0	242.40

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5879

NAME OF DECEDENT AKA Mary Damina Quiroga		SEX Female	DATE OF BIRTH 5-2-1889	DATE OF DEATH 4-28-1986
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 Paula Labitoria (Dtr.) 3750 Antiem Street San Diego, CA 92111	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) SOUTHERN CALIFORNIA CREMATION & BURIAL		CALIFORNIA LICENSE NUMBER F 1357		

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 N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, El Cajon, CA	DATE CREMATED 4/29/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</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 N/A		
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 <i>[Signature]</i> DATE SIGNED April 29, 1986
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 29 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 1 1986 (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.

*Copy
mon*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4/29/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clark Edward Sykes

in a Ballroom Vault/Liner Funeral date, time Mon 5/5 2 P.M.

Church, Chapel, Graveside Chapel - H.S. Regalade 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 8 Row — Section 2 Division/Block 11

Grave space & Care Fund 250⁰⁰

Additional spaces and care fund 9410-444-30 None

Opening/Closing & Setup 320⁰⁰

Burial Container 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee —

Recording and filing fee 35⁰⁰

Sales taxes 6⁰⁰

Hand 9410 for 30 day

Total Due 856⁰⁰
Paid receipt number 7/2/86 33567 100⁰⁰

Balance due 756

I hereby certify I am the Doctor 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

* Delta E McPhile
Signature 4245 Delta St #14
Address San Diego Ca 92113
City (619) 263-2057 Zip Code
Telephone

Work Order # **E 5880**

Invoice # 042866
Acct. # 017138

OFFICIAL RECEIPT



WRITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3181

No 33567

Date: 7/22 1986

From: Leorigamae McBride Address: 5131 Trinidad Way #28 92114

One Hundred Dollars (\$ 100⁰⁰)

In Deposit Payment of Grave Space - Plot 11-2
on account of Clark Edward Stokes - dec

Lot 96 Grave 8 Row - Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5880

Unpaid Balance after this Payment 756⁰⁰

Pre-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Leorigamae McBride

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	\$	<u>100 00</u>

E5880

CITY TREASURER
SAN DIEGO, CALIFORNIA

5621307725/86	100.00	INVS
07/25/86 5621 3	100.00	CA
07/25/86 5621 3	.00	BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33593

Date: 7-21, 1986

From: Luis McBride Address: 5121 Trinidad Way, San Diego 92114

In Full Payment of Chick Howard's grave service Dollars (\$ 756.00)

Lot 96 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. 042866

Acct. No. 117138

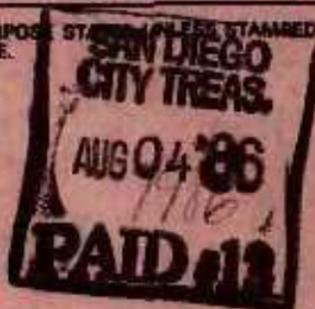
W.O. E 5880

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STAMPED FILES STAMPED
 "PAID" IN THIS SPACE.



ISSUED BY B. King

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>\$ 756.00</u>

E 5880

CITY TREASURER
SAN DIEGO

6032508/04/86		756.00	INVS
08/04/86 6032 5		756.00	CH
08/04/86 6032 5		.00	BA

E5880

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Clark Edward Sykes		SEX Male	DATE OF BIRTH Sept. 22, 1948	DATE OF DEATH Found April 28, 1986
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 Georgia McBride - Mother 5131 Trinidad Way San Diego, CA 92113
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 1 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAY 5 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Powers, M.D.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Clark Edward Sykes</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.

E5880

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042866 05/07/86 017138 MELTA E MC BRIDE 07/31/c6 CK E-5880

E5880

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756.00
282.62
88.32
158.97
176.64
5.30
44.15

856.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Henry A. Brunson
in a TS Vault Funeral, date, time Nov 95 10:00
Church, Chapel, Graveside Murley 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 12 Row _____ Section 1 Division/Block 11

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 380.00

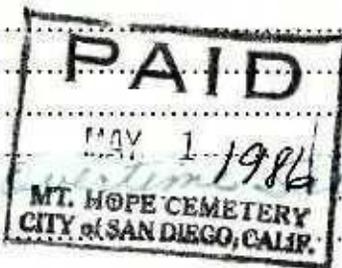
Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

Called by Hal Brunson 5-1-86 Paid receipt number 33318 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

Harold Brunson
Signature
57 Hawthorn Bend
Address
Coronado, Ca. 92118
City
2337483
Telephone
Zip Code

Work Order # E 5881

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/5/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3161

No 33318

Date: 05-01, 1986

From: John P. Blair Address: 3052 Rockwood Ave. No. 9-117

In full Payment of Seven hundred ten and 50/100 Dollars (\$ 710.⁵⁰)

Payment of Henry A. Simonson

Lot 10 Grave 12 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. F-5881
 Unpaid Balance after this Payment \$

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986
 ISSUED BY B. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>500.00</u>
	77181	
Gravel Containers	100	<u>195.00</u>
	77182	
Recording fees or misc. service fees	100	<u>215.00</u>
	77183	
Sales Tax	80101	<u>10.50</u>
	8020	
TOTAL PAID	8	<u>710.50</u>

Pre-Need At Need On Acct
 Ck Cash

55881

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT HENRY A. BRUNSON		SEX MALE	DATE OF BIRTH NOV 21, 1903	DATE OF DEATH APR 28, 1986
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 HARRELL BRUNSON, NEPHEW 87 HALF MOON BEND CORONADO, CA 92118
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) WERKLEY-MITCHELL MORTUARY		CALIFORNIA LICENSE NUMBER F-119		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED APR 30 1986	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 MAY 5 1986 <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.

Honorable Discharge



from the United States Coast Guard

RESERVE

This is to certify that

HENRY ALLEN BRUNSCK (574-398)

11 CARPENTER'S MATE, FIRST CLASS (RESERVE)

is Honorably Discharged from the U. S. COAST GUARD PERSONNEL SEPARATION CENTER #12
SAN FRANCISCO, CALIFORNIA *and from the United States Coast Guard*

this 5th *day of* SEPTEMBER, 1945.

This certificate is awarded as a Testimonial of Fidelity and Obedience.

[Signature]

R. E. MORELL, Commander, U.S.C.G.

USCG PERSONNEL SEPARATION CENTER #12 ~~XXXXXXXX~~

Commanding

E 5881

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE - COAST GUARD

NAVCG-552 (Rev. 8-44)

1. NAME (LAST)		(FIRST)	(MIDDLE)	2. RATE OR RANK	3. PAY GRADE	4. C. G. SERVICE NO.	
BRUNSON		Henry	Allen	CMLc(R)	2	574-398	
5. PERMANENT ADDRESS FOR MAILING PURPOSES				6. RACE	7. SEX	8. DATE OF BIRTH	
3672 Le Mona Avenue, San Diego, California				White	Male	November 21, 1903	
9. ADDRESS FROM WHICH DISCHARGE WILL BEER WORK (IF DIFFERENT FROM ITEM 5):				10. MARRIED	11. NO. OF DEPENDENTS		12. U. S. CITIZEN
530 Stockton Street, San Francisco, California				YES | NO	Two		YES | NO
				X			X

RECORD OF COAST GUARD SERVICE

SELECTIVE SERVICE DATA	13. REGISTERED YES | NO	14. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		15. LOCAL BOARD NO., COUNTY AND STATE					
	X	3672 Le Mona Avenue, San Diego, California		#166, San Diego, Calif.					
16. PLACE OF ENTRY INTO SERVICE		MO.	DAY	YR.	17. PLACE OF SEPARATION FROM SERVICE		MO.	DAY	YR.
Los Angeles, Calif. (Active Duty)		7	25	42	San Diego, California		9	5	45
18. CHARACTER OF DISCHARGE				19. LENGTH OF FOREIGN AND/OR SEA SERVICE		YEARS	MONTHS	DAYS	
HONORABLE						-	4	5	
20. SERVICE SCHOOLS ATTENDED		COURSES		WEEKS	21. OFF DUTY EDUCATIONAL COURSES			CLASS HOURS	
None					None				

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

22. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (GIVE FIRM NAME AND ADDRESS)		DATE LEFT	
William P. Simpson, Construction Company - San Diego, California		21 July, 1942	
23. USUAL CIVILIAN OCCUPATION (D.O.T. TITLE AND BRIEF DESCRIPTION)		24. JOB FIELD PREFERENCE	
5-25.110 Carpenter, finish Built frames, installing exterior and interior trim; served four year apprenticeship (California).		Carpentry	
25. NON-SERVICE EDUCATION		26. LOCALITY PREFERENCE (GIVE GENERAL AREA)	
ENTER NUMBER OF YEARS COMPLETED		27. MAJOR COURSE OR FIELD	
GRAMMAR SCHOOL | HIGH SCHOOL | COLLEGE		28. VOCATIONAL OR TRADE COURSES (INDICATE NATURE AND LENGTH OF COURSES)	
8 | 4 | 0		None	
29. PREFERENCE FOR ADDITIONAL EDUCATIONAL TRAINING			
Construction Engineering			

31. REMARKS
While in the Coast Guard, working from blueprints, supervised and aided in the construction of barracks for enlisted personnel; aided in the construction of office buildings; built and repaired wooden furniture and equipment.

Item #2 - CMLc(R) - Carpenter's Mate First Class (Reserve).

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Coast Guard and that a copy of this form has been delivered to him in person.

22. _____
(SIGNATURE OF DISCHARGING OFFICER)

M. L. DEUK, Lt. (jr), USCGR(w)
(TYPE NAME AND RANK OF DISCHARGING OFFICER)

33. SIGNATURE OF DISCHARGED PERSON _____ DATE 5 September, 1945

TO: COAST GUARD VETERAN

49 1/2

Authority for Discharge (Article 588 CG Regulations) Headquarters letter (VEA-PL) dated 30 March, 1945 (CG-700)

Enlisted as C.M.3c.(R) on 25 July, 1942 At Los Angeles, California for THREE years

Born 21 November, 1903 at Houston, Texas

Qualifications NONE

Ratings held C.M.3c.(R); C.M.2c.(R); C.M.1c.(R)

Certificates NONE

Service schools completed NONE

Special duties for which qualified NONE Service (vessels and stations served on)

FOR CONVENIENCE, A CERTIFICATE OF ELIGIBILITY No. 1377857 HAS BEEN ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE FUTURE REQUEST OF ANY QUARTY OR INSURANCE BENEFIT UNDER TITLE XI OF THE SEPARATION READJUSTMENT ACT OF 1944 AS AMENDED THAT MAY BE AVAILABLE TO THE PERSON TO WHOM THIS SEPARATION PAPER WAS ISSUED.

CG Oper. Base, Los Angeles, California; CG Repair Base, San Pedro, California; CGTB, Curtis Bay, Md.; USS IST 169; CG Barracks, San Francisco, California; CG Rec. Sta., San Francisco, California; USCG Personnel Separation Center #12.

Reserve (Active Duty) from 25 July, 1942 to 5 September, 1945

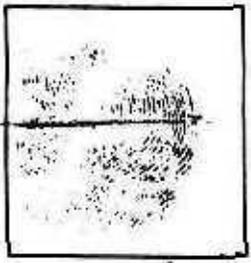
Discharged from Reserve enlistment

Rating at discharge C.M.1c.(L) Service No. 544-398

Marital Status Married

Fraunson, U.S.C.G. F. E. ALLISON, Lt. Comdr., and Executive Officer.

Personal marks, etc., ANT: Scar 1/2" left wrist. Scar 1/2" right eyebrow. Scar 1" left eyebrow. POST: Scar 1" right ear. VSUUA



I hereby certify that I have examined the man herein named and find that he is physically qualified for ~~VETERAN~~ separation. does not require treatment or hospitalization.

I certify that this is the actual print of the right index finger of the man herein named.

J. G. Crawford, U.S.P.H.S. and Medical Officer.

Monthly rate of pay when discharged \$119.70 I hereby certify that the within named man has been furnished travel allowance amounting to \$ 23.50 at the rate of .05 cents per mile from San Francisco, California to Los Angeles, California and paid \$ 63.64 in full to date of discharge.

Total net service for pay purposes 3 years 1 months 11 days

Henry A Brunson, U.S.C.G. C. L. STRAUBEL, Lt.(jg) 55-035 and Disbursing Officer.

at USCG Personnel Separation Center No. 12, by C. L. Straubel, Lt. (jg) USCG

HD and no label button issued. P. J. JACOB, Lt.(jg), USCG

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/30/86

Time open

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Geraldine Elizabeth Rhoades

in a ~~Full~~ Chapel Funeral, date, time Mon - 5th 11 Am

Church, Chapel Graveside Chaplt & 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 120 Grave 8 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	856⁰⁰

*Changing to
 852/5*

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 rights to make this authorization and I agree 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 _____

* Dorlene Quis
 Signature
12721 Nettles DR #2
 Address
Newport News, VA 23606
 State
1804-595-1846
 Telephone

Work Order # **E 5882**

Invoice # 042868
 Acct. # 017139

NOTE—STRAIGHT\$ 856⁰⁰ San Diego, California, May 5, 198630 days after date, for value received, the undersigned maker(s) promise(s) to pay to
Mr. Hope Cemetery or San Diego City Treasureror order
at 3751 Market St., San Diego, CA 92102the sum of Eight hundred fifty and no/100 DOLLARS.
with interest from June 5, 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, endorsements 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 Sharon Whitaker
520 East 30th St Nat City
Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MEMO

E5882

- URGENT - REPLY IMMEDIATELY
- NO REPLY REQUIRED

T O Claire - 61B

DATE: 11-14-86

Mrs. Collections

SUBJECT: Marion Whitaker
Dict. 017139

FOLD MESSAGE

Originals attached.
Please return when finished.

Thanks.

Mt Hope
SIGNED Barbara #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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/86

Time open

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gerardine Elizabeth Phorbes

Beth Funeral, date, time Nov-5th 11Am

Church, Chapel/Graveside Chapel S.S. Regedale 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 120 Grave 8 Row 2 Section 7 Division Blank

Grave space & Care Fund 250.00

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 856.00

Sales taxes to

Total Due 2516.00

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 recipient holder of deed

Signature X Sharon Whittaker

Address 13721 Nettles Dr #2

City Newport News, VA 23606

State VA Zip Code 23606

Telephone 804-595-1846

Invoice # 042868

Acct. # 017139

Work Order # E 5882

W.O. NO. E-5882

NOTE-STRAIGHT

\$ 856.00 San Diego, California, May 5, 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 Eight hundred fifty six and no/100 DOLLARS.

with interest from June 5, 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 Sharon Whittaker
520 East 30th St Nat City

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 5882

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Geraldine Elizabeth Rhodes		SEX Female	DATE OF BIRTH Oct. 5, 1930	DATE OF DEATH April 28, 1986
PLACE OF DEATH—CITY OR TOWN LaMesa	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sharon Denise Whitaker - Daughter 520 E. 30th St. #B National City, CA 92050	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)

2. CREMATION AND BURIAL (INCLUDES INURNMENT)

3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

4. SCIENTIFIC USE

5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 2 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Brown M.D. M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		MAY 5 1986	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Sharon Denise Whitaker</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

Case #12889

Indigent

Date 05-01-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fol C. Marshall

in a Vault/Liner Funeral, date, time Fri 5/2 2:00

Church, Chapel, Graveside Direct; 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 133 Grave 3 Row Section 4 Division/Block 7

Grave space & Care Fund X-Deep 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

Paid receipt number

Balance due

We 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

County of San Diego

Signature

Address Pat Williams

State Zip Code

Telephone#

Work Order # E 5883

Invoice # 047869

Acct. # 000952

E5883

CITY TREASURER
SAN DIEGO

SAN DIEGO
CITY TREAS.

JUN 27 '86

PAID #13

6499506/27/86

06/27/86 6499 5

06/27/86 6499 5

145.00 INVS

145.00- CH

.00 BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33496

Date: 06-27 1986

From: County of SD Address: 5201-A Ricken St. # 92123

One hundred forty five and no/100 Dollars (\$ 145.00)

In full Payment of 3rd C Marshall Service

Lot 133 Grave 3 Row _____ Section 4 Division Block 7

Invoice No. 042869
 Acct. No. 000952
 W.O. E-5883
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

SAN DIEGO CITY TREAS.
JUN 27 '86
PAID 13

ISSUED BY B. Brang

Pre-Need At Need On Acct
 Ck Cash

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	
	8020	
TOTAL PAID		\$ <u>145.00</u>

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5883

NAME OF DECEDENT Zol C. Marshall		SEX Male	DATE OF BIRTH May 21, 1885	DATE OF DEATH April 29, 1986 Found
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Ruffin Road San Diego, CA. 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary		CALIFORNIA LICENSE NUMBER 1424		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 2 1986 (ENTER DATE)	DATE PERMIT ISSUED MAY 02 1986
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald S. Conroy, 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

E5883

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/30/86

DATE: 06/30/86
TIME: 233611
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/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
042869	05/07/86	000952	COUNTY OF SAN DIEGO 100 072 100 072	77181 77184	000072 000072	06/27/86	CK	04-643422	145.00 90.00 55.00	145.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 145.00

(Handwritten mark)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/1/86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of David S. Frank
 in a Bell liner Vault/Liner Funeral, date, time 5/3 - Sat - 1 P.M. Church
 Church, Chapel, Graveside Church 495; 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 892 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund On hand _____

Additional space and care fund _____

Opening/Closing & Setting PAID _____ 320.00

Burial Container _____ 100.00

Handling Fees MAY 3 1986 _____ 195.00

Flower vase _____ 380.00

Recording and _____ (43.70) + 8.70 _____ 121.40

Sales taxes _____ 986.00

Total Due _____ 986.00

Paid receipt number 33323 _____ 994.70

Balance due 0

*Plan for
 arrive Mt Hope
 2:15-2:30*

PAID
 MAY 3 1986
 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.

Via Phone F.D.

I hereby authorize the interment in lot I hold under deed.

Signature [Signature]

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 5884

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 33323

Date: 5/3/86, 19

From: Georgia Frank Address: 4434 Bond - PD - 92109

In full Payment of Interest fee for David S. Frank - see last burial

Lot 892 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-5884
 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
 MAY 08 1986

ISSUED BY Georgia Frank

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	568	70
	77183		
Sales Tax	80101	6	00
	8020		
TOTAL PAID		994	70

55884

PERMIT FOR DEPOSITION OF HUMAN REMAINS

NAME OF DECEDENT DAVID GAYHART FRANK		SEX MALE	DATE OF BIRTH MAY 27, 1909	DATE OF DEATH MAY 1, 1986
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 GEORGIA A. FRANK-WIFE 4434 BOND ST. SAN DIEGO, CA	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PACIFIC BEACH MORTUARY		CALIFORNIA LICENSE NUMBER 815		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<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)

<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-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	<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 N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 2 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 3 1986 (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.

MT-HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-2-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Lois Couell in a _____ Funeral, date, time Wed 5/7 2:00 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 _____

✓ Lot 248 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	.....	<u>Prepaid</u>
Additional spaces and care fund	.....
Opening/Closing & Setup	.....	<u>105.00</u>
Burial Container	.....
Handling Fees	.....
Flower vases - Marker setting fee	.....
Recording and filing fee	.....	<u>35.00</u>
Sales taxes	.....

PAID
MAY 7 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Called by Janie Couell 5/7/86 Total Due \$140.00
753-4661 Paid receipt number 33334 140.00
Balance due 0

I hereby certify I am the SOW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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.
Charles E Couell
Signature of recorded holder of deed

Terry Davis
Greenwood

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 5885
PY-693 (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

009919

No 33334

Date: 5-7, 1986

From: Charles P. Connel Address: 6460 Rowdy #6, La Jolla

One hundred and no/100 Dollars (\$ 141.00)

In full Payment of Memorial Service

Lot 248 Grave 20 Row 4 Section 4 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-5115

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
 MAY 12 1986

ISSUED BY B. Sany

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	115.00
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	35.00
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		141.00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5885

NAME OF DECEDENT Helen Lois Covell		SEX Female	DATE OF BIRTH July 24, 1918	DATE OF DEATH May 2, 1986
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 Charles E. Covell-Son 1626 Edilee Drive Cardiff, California 92007	
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

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
XXX <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED MAY 7 1986	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* MAY 06 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 7 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rogers M.D.</i>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Robert Garcia</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 05/05/86

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 Month of April 1986 \$1410.00

Recording and filing fee

Sales taxes

Total Due \$1410.00

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 CO

Signature P.O. Box 94

Address San Diego, CA 92112

State Resale #FH-25603192 Zip Code

Telephone _____

Invoice # 042745

Acct. # 004821

Work Order # **E 5886**
PY-583 (REV. 8-85)

4/7/86	\$125.	SMITH, Robert A
"	125.	MC ILHEERAN, M.
"	125.	JONES, Nellie
"	125.	QUIROGA, C.
4/16/86	160.	REED, R. H.
4/17/86	125.	JANSEN, M. M.
"	125.	JOHNSTON, L. L.
"	125.	MC IELLAND, E.
"	125.	REDMAN, Jan
"	125.	WHITE, R.
"	125.	WILLIAMS, F.

\$1,410.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

5/23/86
 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33350

Date: 05-13, 1986

From: Corti & Son Address: PO Box 94, La Mesa 92110

fourteen hundred ten and no/100 Dollars (\$ 1410.00)

In full Payment of marker install due April 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 042745

Acct. No. 014621

W.O. E-5886

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSES UNLESS STAMPED
 "PAID" IN THIS SPACE

SAN DIEGO CITY TREAS.
MAY 21 1986
PAID 113

ISSUED BY B. Jones

CREDIT	67007	
30% 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	
	8020	
TOTAL PAID		<u>1411.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 05/05/86

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 feeMONTH..OF..APRIL..1986..... \$125.00

Recording and filing fee _____

Sales taxes _____

Total Due \$125.00

4/23/86

Paid receipt number _____

2x1 - \$125.00 MORRIS, Thaddeus 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 COMPANY

Signature 10527 Prospect Ave.

Address Santee, CA 92071

State _____ Zip Code _____

Realse # F-91479

Telephone _____

Invoice # 042746

Acct. # 006490

Work Order # E 5887

Py-883 (REV. 9-88)

E 5887

CITY TREASURER
SAN DIEGO, CALIFORNIA

5721506/19/86		125.00	INVS
06/19/86	5721 5	125.00-	CH
06/19/86	5721 5	.00	BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33472

Date: 06-18, 1986

From: Clemens Granite Address: 10527 Prospect Ave Santa 92171

One hundred twenty five and 00/100 Dollars (\$ 125.00)
 in full Payment of Marker install per April 86

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 042746
 Acct. No. 116490
 W.O. E-5887
 Unpaid Balance after this Payment \$

NOT VALID FOR PURPOSES LISTED UNLESS STAMPED
 "PAID" IN THIS SPACE

SAN DIEGO CITY TREASURY
 JUN 19 1986
PAID

ISSUED BY D. Dany

CREDIT	67007	
20% Sales Care	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	
	9020	
TOTAL PAID		<u>\$ 125.00</u>

Pre-Need At Need On Acct
 Ck Cash

E5887

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/20/83

DATE: 06/20/86
TIME: 22246
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
042746	05/05/86	006490	CLEMENS GRANITE COMPANY 100 072	77183	000072	06/18/86	CK	13442	125.00 125.00	125.00	0.00 PAID IN FULL

E5887

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/5/86

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 MONTH OF APRIL 1986 \$1310.00

Recording and filing fee

Sales taxes

Total Due \$1310.00

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 _____

SEAMAN-POE MONUMENT CO.

Signature 3893 Imperial Avenue

Address San Diego, CA 92113

State Resale #F-40258 Zip Code

Telephone _____

Invoice # 042747

Acct. # 000253

Work Order # E 5888

PY-592 (REV. 8-85)

SEAMAN-POE MONUMENT

WO #5888

4/3/86	\$160	-	WALTON, E & C.
"	125	-	MONZINGO, D.C. & R
4/16/86	125	-	BURTON, M.
"	80	-	MC CAMERON, J.
4/23/86	125	-	NICHOLS, D. L.
"	125	-	BROWN, B. S.
4/30/86	125	-	BAKER, L.
"	160	-	BARTLETT, G & M
"	125.	-	LANTZ, L. O.
"	160.	-	KELLY, (Harris) J.P
"			
	<u>1310.00</u>		

E 5888

CITY TREASURER
SAN DIEGO, CALIFORNIA

9163506/03/86	1310.00	INVS
06/03/86 9163 5	1310.00-	CH
06/03/86 9163 5	.00	BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33409

Date: 06-03, 1986

From: Seaman-Pa Address: 3893 Imperial Ave #924

thirteen hundred ten and no/100 Dollars (\$ 1310.00)

In full Payment of marker installation for April

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 043797
 Acct. No. 000253
 W.O. E-5881
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

1986

ISSUED BY B. Wang

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 8020	
TOTAL PAID		\$ <u>1310.00</u>

Pre-Need At Need On Acct
 Ck Cash

E5888

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/04/86

DATE: 06/04/86
TIME: 214648
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 FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
042747	05/05/86 <i>E.S.M.</i>	000253	SEAMAN/PDE MONUMENT CO 100 072	77183	000072	06/03/86	CK	1097	1,310.00 1,310.00	1,310.00	0.00 PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sam Calderon (P.A. Case)

in a none Vault/Linear Funeral, date, time 5/9 Fri - 1 P.M.

Church, Chapel, Graveside Dupoff ; El Cajon Steve 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: -UNK SS# 499-05-0321

Lot 133 ; Grave 3 Row _____ Section 4 Division/Block 7

Grave space & Care Fund 55⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 90⁰⁰

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due \$145⁰⁰

Paid receipt number _____

Balance due _____

I hereby certify I am the appointed by Joe M. Cormick - P.A. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Via Phone - Lead

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed

Invoice # 043229

Acct. # 000952

Work Order # E 5889

PY-683 (REV. 8-86)

DOB - 2/11/19
204 - 5/2/86

Joe M. Cormick - P.A. offic
Case # 12905

(DIP) TOP

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5889

NAME OF DECEDENT Sam Calderone		SEX Male	DATE OF BIRTH Feb. 11, 1913	DATE OF DEATH May 2, 1986
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 San Diego Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Carroll's Mortuary		CALIFORNIA LICENSE NUMBER F 1315		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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, 3751 Market St., San Diego, CA	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Not Applicable	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Not Applicable	COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Not Applicable		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶	
		DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Not Applicable		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 8 - 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAY 9 1986	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.

TOP

E 5889

043229 05/21/86 000452 COUNTY OF SAN DIEGO
E 5889 mt Hope 100 072
100 072

77181 000072 09/04/86 CK 04673742
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 5/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Annette Fouliot - deceased

in a ore vault Vault/Urner Funeral, date, time Mon 5/12

Church, Chapel, Graveside Mortuary Rogers

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 63 Grave 3 Row - Section 1 Division/Block 11

Grave space & Care Fund Per need 1-5-72-

Additional spaces and care fund none

Opening/Closing & Setup 105⁰⁰

Burial Container Cremate Vault for urn 40⁰⁰

Handling Fees cost of vault 60⁰⁰

Flower vases - Marker setting 35⁰⁰

Recording and filing fee 2.40

Sales taxes 242.40

Total Due 33350 242.40

Balance due 0

PAID
 MAY 12 1986
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

5-12-86

*Use Phone
 Hold for
 Payment.*

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 _____

Rita Marrell
 Signature
6374 S. Grape Ct
 Address
Littleton, Colo. 80121
 City Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 5890**

55890

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ANNETTE MARY POULIOT		SEX Female	DATE OF BIRTH June 4, 1900	DATE OF DEATH May 6, 1986
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 Rita Morrell - Daughter 7930 Upper Applegate Rd. Jacksonville, Oregon 97530	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rogers Mortuary		CALIFORNIA LICENSE NUMBER 69		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Crematory-14065 Olde Highway 80	DATE CREMATED 5/7/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery- 3751 Market St. - San Diego, CA		COUNTY San Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 3.00	DATE PERMIT ISSUED MAY 6 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 12 1986 (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

Trust
Pre-need

Date 5/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deceased for: Lillie I. Stephens (aka Walker)

in a Bell liner 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 nk

✓ 40 Grave _____ Row _____ Section 100F Division/Block 46

Grave space & Care Fund Per Paid - _____

Additional spaces and care fund none _____

Opening/Closing & Setup 320⁰⁰

Burial Container Bell liner 100⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales taxes Reserve 6⁰⁰

Deposit - pre-need 5/7/86 PAID MAY 7 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. 3333 Balance due 0

I hereby certify I am the Reserve of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in that I hold under deed. 10/187 Via letter of phone call Stephens, Mrs.

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Over

Work Order # E 5891

Invoice # _____

Acct. # _____

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

009249

No 33332

Date: May 7, 1986

From: J. Clifford Wallace Address: 11081 Puebla Dr. Laguna Ca 92041

Six hundred six and no/100 Dollars (\$ 606⁰⁰/₁₀₀)

In Deposit Payment of Pre need Trust deposit for use of
Lillian I Stephens (aka Wallace)

Lot 40 Grave T Row — Section 100F Division 46 Block 46

over

Invoice No. _____

Acct. No. _____

W.O. E 5891

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct

Ck Cash

542 (90/101)
 AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 MAY 12 1986

ISSUED BY George W. Stalter

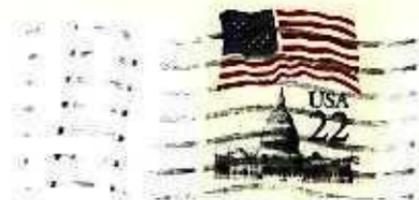
CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Opening & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	<u>63033-9022</u>	<u>606 00</u>

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and re-cording fee) are not guaranteed prices. At the time of burial, when the above guaranteed prices will be required, 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.

United States Court of Appeals
for the Ninth Circuit
U. S. Courthouse
San Diego, California 92189

J. Clifford Wallace, Circuit Judge



E5891

Directors
Mt. Hope Cemetery
3751 Market Street
San Diego, California 92102

E5891

United States Court of Appeals

For the Ninth Circuit

United States Courthouse

San Diego, California 92189

Chambers of
J. Clifford Wallace
Circuit Judge

May 5, 1986

Directors
Mt. Hope Cemetery
3751 Market Street
San Diego, California 92102

Gentlemen:

My Mother, Lillie I. Stephens (formerly Lillie I. Wallace), owns Lot No. 40, I.O.O.F., Block 46. I was advised that the following are the costs for burial: open and close - \$320.00; liner - \$251.00; recording fee - \$35.00, for a total of \$606.00. I was advised that money can be deposited now and set aside by the City of San Diego for payment of these expenses when they occur. Enclosed is a check in the amount of \$606.00 for that purpose.

Please provide me with a receipt at your earliest convenience.

Thank you for your cooperation.

Very truly yours,


J. Clifford Wallace

JCW:gpl
Enc.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Tip No 33350
 (80121)

Date: 05-12, 1986

From: Rita A. Merrell Address: 6274 S. Innes Pt., Littleton, Colo

Two hundred forty two and 40/100 Dollars (\$ 242⁴⁰/₁₀₀)

In full Payment of Annette Fouliot service

Lot 63 Grave 3 Row Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5890

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 OFFICE

CITY AUDITOR
 MAY 15 1986

ISSUED BY B. King

CREDIT	87007	
20% Sales Tax	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	50101	2 40
	9020	
TOTAL PAID		242 40

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-7-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Jones

in a Beel Funeral, date, time Wed 5/14 10 AM

Church, Chapel, Graveside Drop off; 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 80 Grave 9 Row _____ Section 16 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

*Called by
Joe McCormick
P.A.*

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.

County of SD
Signature# _____

Address _____

State _____ Zip Code _____

Telephone# _____

Signature of recorded holder of deed _____

Work Order # E 5892

Invoice # 043589

Acct. # 000952

OFFICIAL RECEIPT

11/24/86

No 33950

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 11-20, 1986

From: County of S.D. Address: 5201-A Rubbin rd La Jolla 92033

Twenty five and no/100 Dollars (\$ 35⁰⁰)

In full Payment of Helen Jones service

Lot 80 Grave 9 Row 2 Section 16 Division 7
Block 7

Invoice No. 043589
Acct. No. 000952
W.O. E 5892
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY B. King

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	60035	
	8022	
	60101	
	78280	
TOTAL PAID	\$	<u>35 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

E5892

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Hulen Jones		SEX Male	DATE OF BIRTH Sept. 28, 1906	DATE OF DEATH May 5, 1986
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 Public Administrator Records 5201-A Ruffin Road San Diego, CA 92123		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragadale Montussy		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street; San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 14 1986	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 _____		MAY 14 1986	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.

E5892

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/24/66

DATE: 11/24/66
TIME: 225706
PAGE: 4

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE GPER	PD BY BN/EN	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
043559	06/03/66	000952	COUNTY OF SAN DIEGO 100 072	77183	000072	11/20/66	CK	E5892	35.00 35.00	35.00	0.00 PAID IN FULL

E5893

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

5/8/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George P. Larson

in a Cash Vault Funeral, date, time Wed-11Am 5/14

Church, Chapel Graveside Graveside; 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 39 Grave 4 Row — Section 2 Division/Block 7

Grave space & Care Fund Per-need- # 6032 -

Additional spaces and care fund none

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker set —

Recording and filing fee 35.00

Sales taxes 2.40

Total Due 242.40

Paid receipt number 33342 242.40

Balance due 0

PAID
MAY 8 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Make setup
in Circle for
tailor also.*

I hereby certify I am the Larson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree 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.

George P. Larson
Signature
14363 AEDAN CT.
Address
Poway, Ca 92064
State
778-5189 Zip Code
Telephone

Signature of recorded holder of deed

Work Order # **E 5893**
PY-583 (REV. 5-86)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#54454
LEWIS COLONIAL, CB

E5893

NAME OF DECEDENT GEORGE PINKNEY LAXSON		SEX male	DATE OF BIRTH June 20, 1910	DATE OF DEATH May 6, 1986
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT self...by pre-arrangement	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LEWIS COLONIAL/BENBOUGH MORTUARY		CALIFORNIA LICENSE NUMBER 480		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<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)
<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 n/a		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory - San Diego, CA	DATE CREMATED 5/8/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 8 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	MAY 14 1986 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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 05-07-86

Preneed lot

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Adolfo + Aida Villegas

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 3678 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup

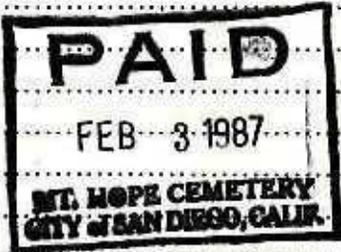
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Total Due 595⁰⁰

Paid receipt number 33330 ✓ 150⁰⁰

Balance due 445⁰⁰

5-7-86

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 1020 So 31st
Address SD Ca 92113
City 832-2648 Zip Code _____
Telephone _____

Work Order # E 5894

Invoice # _____

Acct. # _____

CV 583 (REV. 8-86)

#11379

legal typed

6-5-86 33422 ✓ $\frac{445.00}{50.00}$

7-7-86 33524 ✓ $\frac{395.00}{100.00}$
#2+3 $\frac{295.00}{}$

9-10-86 33724 ✓ $\frac{50.00}{245.00}$

11-3-86 33885 ✓ $\frac{50.00}{195.00}$

10-7-86 33811 ✓ $\frac{50.00}{}$

12-11-86 34010 ✓ $\frac{145.00}{50.00}$
95.00

1-5-87 34061 ✓ $\frac{50.00}{45.00}$

02-03-87 34161 ✓ $\frac{45.00}{}$
0

E5894

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

009849

No 33330

Date: 5/7/86, 1986

From: Aida Velazquez Address: 1020 So 31st St # 22 92113

One Hundred Fifty Dollars (\$ 150.00)

In part Payment of grave sp. pre-need for double crypt

Lot 3678 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

Unpaid Balance after this Payment 445.00

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 86
MAY 12 1986
ISSUED BY Joseph [Signature]

CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	150.00
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		150.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33422

Date: 6-5, 1986

From: Adolfo Rida Villegas Address: 11200 3rd St, San Diego, CA 92116

In part Payment of Credit sale lot Dollars (\$ 50.00)

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-5894
 Unpaid Balance after this Payment \$395.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

6-5-86

1986

ISSUED BY R. TAYLOR

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</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		
	8020		
TOTAL PAID		<u>50</u>	<u>00</u>

010376

Pre-Need At Need On Acct
 Ck Cash

Send or bring one coupon with each remittance **COUPON**

1

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-5894

E5894

Adolfo/Aida Villegas
1020 So. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before,
due date above.



\$ 50.00

10th

Amount due if paid more than _____ days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33524

Date: 7/7/86, 19

From: A & A. Villegas Address: 1020 So. 31st St. # 22 92113

In One hundred and no Dollars (\$ 100⁰⁰)
 In oupon # 243 Payment of Credit Sale Oupons # 2 and 3

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.9 E-5894
 Unpaid Balance after this Payment 295⁰⁰

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 1986
JUL 09 1986
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>100</u>
Openings & Service Charges	77181	
Burial Containers	100	
Recording fees or misc. service fees	77183	
Sales Tax	80101 9020	
TOTAL PAID		<u>100 00</u>

Send or bring one coupon with each remittance **COUPON**

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5894

E-5894

Adolfo/Aida Villegas
1020 Sö. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on, or before,
due date above.



\$ 50.00

10th

Amount due if paid more than _____ days
after due date above.



\$ 1.00

33524

\$ 51.00

Amount Received

\$ 50.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~E-3894~~

E 5894

Adolfo/Aida Villegas
1020 So. 31st St.
San Diego, CA 92133

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on, or before
due date above

\$ 50.00

Amount due if paid more than ^h _____ days
after due date above.

\$ 1.00

\$ _____

Amount Received

\$ 50.00

33524
NAME _____

ADDRESS _____

STATE _____

ZIP _____

check () if this is new address

Use as Pink - Pink not printed
E5894

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

0 N034 33885

Date: 11-3, 1986

From: Aida F. Villegas Address: 1020 S. 31st St. La Jolla Ca 92033

One hundred and no/100 Dollars (\$ 100⁰⁰)

In part Payment of \$50⁰⁰ on Enriqueta Flores acct.
and \$50 on Adolfo + Aida Villegas acct.

Lot 3678 + 3763 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E 5955 - \$345⁰⁰

Unpaid Balance + E 5894
after this Payment \$195⁰⁰

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

NOV 5 1986

ISSUED BY B. Mang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	100 00
77184		
Openings & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
9020		
TOTAL PAID		100 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33724

Date: 09-10, 1986

From: Rida Villegas Address: 1000 S. 31st St. #92113

fifty and no/100 Dollars (\$ 50.00)

In part Payment of Preceded lot

Lot 3678 Grave _____ Row 7 Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5894

Unpaid Balance after this Payment \$245.00

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

SEP 12 1986

ISSUED BY E. J. King *paid*

CREDIT	E7007		
20% Sales Care	77184		
80% Sales of Lots	100	50	40
	77184		
Openings & Service Charges	100		
	77181		
Grav. Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	9020		
TOTAL PAID		\$	<u>50.00</u>

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5894**

E5894

**Adolfo/Aida Villegas
1020 SB. 31st St.
San Diego, CA 92113**

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.



\$ **50.00**

th

Amount due if paid more than _____ days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33811

Date: 10/7/86, 19

From: Adolfo Velazquez

Address: 92113

Dollars (8 50⁰⁰)

In Coupon # 5 Payment of Credit Sale Coupon # 5

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. E5894

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

OCT 10 1986

ISSUED BY Gregory [Signature]

CREDIT	87007	
30% Sales Cost	77184	
80% Sales of Lots	100	<u>50.00</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>50.00</u>

Send or bring one coupon with each remittance **COUPON**

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5894**

E-5894

Adolfo/Aida Villegas

1020 So. 31st St.

San Diego, CA 92133

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					X						

Amount due when paid on, or before,
due date above.



\$ **50.00**

Amount due if paid more than _____ days
after due date above.



\$ **1.00**

\$

50.00
[Signature]

Amount Received \$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. **K-5894**

E5894

**Adolfo/Aida Villegas
1020 SB. 31st St.
San Diego, CA 92113**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					X						

Amount due when paid on, or before,
due date above.

\$ **50.00**

Amount due if paid more than 1st days
after due date above.

\$ **1.00**

cash.

\$ **50⁰⁰-**

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~E-5955~~ **E 5894**

**Aida F. Villegas
1020 So. 31st St.
San Diego, CA 92113**

FLORES

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						X					

Amount due when paid on, or before,
due date above

0th



\$ **50.**

Amount due if paid more than _____ days
after due date above.

Cash -



\$ **50⁰⁰**

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34010



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 12-11, 1986

From: Aida Villegas Address: 1020 So 31st St San Diego Ca 92111

Fifty and no/100 Dollars (\$ 50⁰⁰)

In part Payment of Preneed lot

Lot 3678 Grave 1 Row _____ Section _____ Division 10
 Block 50 00

Invoice No. _____

Acct. No. _____

W.O. E5894

BALANCE DUE \$95⁰⁰

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 11-66)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 DEC 15 1986

ISSUED BY B. Long

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>50 00</u>

OFFICIAL RECEIPT

No 34061



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Jan. 5, 1987

From: Aida F. Vellegas Address: 1020 So 31st

Fifty and no 100 Dollars (\$ 50.00)

In part Payment of Preneed lot

Lost Book no Coupon

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 5894

BALANCE DUE \$45.00

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 08 1987

ISSUED BY D. Lawney

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT

No 34161



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 02-03, 1917

From: Arda Villegas Address: 1020 So 31st St La Jolla
Forty five and no/100 Dollars (\$ 45.00)
In full Payment of preneed lot

Lot 3678 Grave _____ Row _____ Section _____ Division 10

Invoice No _____
Acct. No _____
W.O. E5894
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY B. King

CREDIT	67007	<u>19.00</u>
20% Sales Care	77184	
50% Sales of Lots	77184	<u>26.00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
TOTAL PAID	\$	<u>45.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

000019

No 33342

Date: 5/8/86, 19From: Terry W Laxson Address: 14303 Redwood Dr Pow Ca 92064In full Payment of Interment of George P Laxson & CumanisLot 39 Grave 41 Row — Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E5893Unpaid Balance after this Payment 0Pre-Need At Need On Acct Ck Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED
"PAID" IN THIS SPACE.CITY AUDITOR
MAY 12 1986

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	10.50
	77181	
Burial Containers	100	40.00
	77182	
Recording fees or misc. service fees	100	9.50
	77183	
Sales Tax	80101	2.40
	8020	
TOTAL PAID		242.40

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 05-12-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Noel Eston Traylor
in a Ash Vault Funeral, date, time Wed 5/14 11:00
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 _____

Lot 38 Grave 8 Row _____ Section 2 Division/Block 7

Grave space & Care Fund Head of grave Preneed

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting MT. HOPE CEMETERY 35.00

Recording and filing fee CITY of SAN DIEGO, CALIF. 2.40

Sales taxes 2.40

Total Due 242.40

Paid receipt number 33349 242.40

Balance due 0

5-12-86

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 authorized holder of deed Carl D. Traylor
Signature Carl D. Traylor
Address 5433 Lake Murray Blvd #13
La Mesa Ca. 92041
State 463-0946 Zip Code _____
Telephone _____

Work Order # E 5895
FY 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 33349

#1701 Date: 05-12, 1986
 From: Ruby I. Taylor Address: 4040 Harwick St. San Diego 92110
Pros. funeral party for and 40/100 - Dollars (\$ 24.45)
 In full Payment of Funeral & Taylor Service

Lot 38 Grave 7 Row _____ Section 2 Division 7
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-5895
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
MAY 15 1986
 1986
 ISSUED BY B. King

CREDIT	87007		
20% Sales Care	77184		
90% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	115	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	80101 9020	2	40
TOTAL PAID		242	40

Pre-Need At Need On Acct.
 Ck Cash

PERMIT FOR DISPOSITION OF HUMAN REMAINS

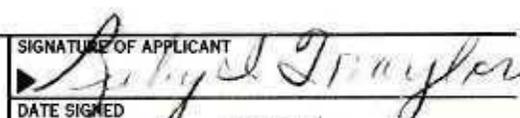
E5895

NAME OF DECEDENT NOAL ELTON TRAYLOR		SEX MALE	DATE OF BIRTH 5-27-1929	DATE OF DEATH 4-19-1986
PLACE OF DEATH—CITY OR TOWN ANCHORAGE		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) ALASKA		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT RUBY TRAYLOR 4104 HANCOCK STREET SAN DIEGO, CA 92110
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) RUBY TRAYLOR			CALIFORNIA LICENSE NUMBER _____	

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 type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <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"/> 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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY		COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
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 5-12-1986
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED MAY 12 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

The need lot

David & Dorothy Edwards Date *05-13-86*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of *David Ed*

in a *D.C.* Vault/Urner Funeral, date, time *Fri 2/13 10 Am*

Church, Chapel, Graveside *Church & 95*; *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 *148* Grave *4* Row _____ Section *1* Division/Block *11*

Grave space & Care Fund *595⁰⁰*

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

\$25 for 22 months Total Due *595⁰⁰*
\$550⁰⁰ Paid receipt number *33356* ✓ *45⁰⁰*
Balance due *550⁰⁰*
(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

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 5896**

PY-283 (REV. 8-86)

See WOE 6457 for bal. on lot.

6-5-86	334261	550 ⁰⁰
		<u>25⁰⁰</u>
7-9-86	33535✓	525 ⁰⁰
		<u>25⁰⁰</u>
		* 500 ⁰⁰

8-6-86	336221	25 ⁰⁰
		<u>\$ 475⁰⁰</u>

9-9-86	33720✓	25 ⁰⁰
		<u>450⁰⁰</u>

10-6-86	338031	25 ⁰⁰
		<u>\$ 425⁰⁰</u>

11-17-86	33927✓	25 ⁰⁰
		<u>400⁰⁰</u>

12-10-86	33999✓	25 ⁰⁰
		<u>375⁰⁰</u>

02-10-87	34185✓	25 ⁰⁰
		<u>350⁰⁰</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 33356

Date: 05-13, 1986

From: Maury & Dorothy Edwards Address: 1415 Parkway St. Sola 92114

part, since we had no \$100 Dollars (\$ 45.00)

In at Payment of Princed Int

Lot 148 Grave 4 Row 11 Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5896

Unpaid Balance after this Payment \$550.00

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
 MAY 15 1986

ISSUED BY B. King

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	45	00
	77184		
Earnings & Service Charges	100		
	77181		
Funeral Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		45	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 33426

Date: 06-05, 1986

From: Louis & Dorothy Howard Address: 1415 Tabor St. La Jolla 92037

Twenty five and no/100 Dollars (\$ 25.00)

In part Payment of Credit sales tax

Lot 148 Grave 41 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-5896

Unpaid Balance after this Payment \$50.50

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 5-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID IN THIS SPACE"

AUDITOR
 JUN 09 1986

ISSUED BY R. Fong

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</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>\$ 25.00</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 33535

Date: July 9, 1986

From: Dorothy Edwards Address: 1415 Tanager St., San Diego CA 92114

Mount Hope 400/yr Dollars (\$ 25.00)

In part Payment of Coupon No. 2 - Credit Sale

Lot 148 Grave H Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5896

Unpaid Balance after this Payment \$ 500.00

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
 JUL 14 1986

ISSUED BY C. Cannon

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Loss	100	<u>25.00</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>25.00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5896

E5896

David & Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before,
due date above.

10th



\$ 25.00

Amount due if paid more than _____ days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3181

No 33622

Date: 08-06, 19 86

From: Serathy Edwards Address: 1415 Parkway S.A. 92114

Twenty five and no/100 Dollars (\$ 25.00)

In part Payment of Credit Sales Lot

Lot 148 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 5896

Unpaid Balance after this Payment \$475.00

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
 AUG 07 1986

ISSUED BY B. King

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
	77184		
Openings & Service Charges	100		
	77181		
Surial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID		<u>25</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896**

E5896

**David & Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on, or before,
due date above.



\$ **25.00**

10th

Amount due if paid more than _____ days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33720

Date: 09-09, 1986

From: Dorothy Howard Address: 1415 Tanbay Ave #2114

1415 Tanbay Ave and no 1100 Dollars (\$ 25.00)

In part Payment of Prepaid lot

Lot 148 Grave 4 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-5896

Unpaid Balance after this Payment \$450.00

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
 SEP 12 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>25.00</u>	
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	80200		
TOTAL PAID		\$	<u>25.00</u>

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896**

E5896

David/Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114

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



\$ **25.00**

th

Amount due if paid more than _____ days
after due date above



\$ **1.00**

\$.

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33803

Date: 10-6, 1986

From: Mrs. Dorothy Edwards Address: 1415 Mirby St. Ca. 92114

Twenty five and no/100 Dollars (\$ 25⁰⁰)

In part Payment of Preced lot

Lot 148 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-5896

Unpaid Balance after this Payment \$425⁰⁰

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 6-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 OCT 10 1986

ISSUED BY B. Lane

CREDIT	87007	
30% Sales Tax	77184	
30% Sales of Loss	100	<u>25 00</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>25 00</u>

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896** - **E-5896** ³

David & Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					X						

Amount due when paid on, or before,
due date above

10th



\$ **25.00**

Amount due if paid more than _____ days
after due date above,



\$ **1.00**

\$ _____

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
 284-3151

No 33927

Date: 11-17, 1986

From: Dorothy Edwards Address: 1415 Turbox Rd Ca 92114
Twenty five and no/100 Dollars (\$ 25⁰⁰)
 In part Payment of Credit Lot Sale

Lot 148 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 5896BALANCE DUE \$400⁰⁰Pre-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

CITY AUDITOR
 NOV 18 1986

ISSUED BY B. Long

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63035		
	9322		
Sales Tax	60101		
	78300		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896** **E5896**

David/Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					X						

Amount due when paid on, or before,
due date above.



\$ **25.00**

th

Amount due if paid more than _____ days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33999

Date: 12-10, 1986

From: Dorothy Edwards Address: 1415 Tarbox Ave #2114
Westview and 720/100 Dollars (\$) 25.00
 In part Payment of priced lot

Lot 148 Grave 4 Row _____ Section 1 Division 11
 Block 11

Invoice No _____

Acct. No _____

W.O. E 5896

BALANCE DUE \$375.00

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

CITY AUDITOR

DEC 15 1986

ISSUED BY B. Wang

CREDIT	62007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	6022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896**

E5896

**David & Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					X						

Amount due when paid on, or before,
due date above.

10th

\$ **25.00**

Amount due if paid more than _____ days
after due date above.

1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

No 34185



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-10, 1987

From: Dorothy Howard Address: 1415 Newby, S.D. Ca 92114

Twenty five and no/100 Dollars (\$ 25⁰⁰)

In mt Payment of Preneed Lot

Lot 148 Grave 4 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E 5896

BALANCE DUE \$350⁰⁰

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	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>25 00</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	63093	
Sales Tax	6022	
	60101	
	75260	
TOTAL PAID		<u>25 00</u>

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-5896**

E5896

**David & Dorothy Edwards
1415 Tarbox St.
San Diego, CA 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					X						

Amount due when paid on, or before,
due date above

10th

\$ **25.00**

Amount due if paid more than _____ days
after due date above.

1.00

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5/13/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Anderson

in a Top Seal Vault Vault/Line Funeral, date, time 5/16/86 - 2PM - Fri

Church, Chapel, Graveside Church & HS ; Engdale 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 66 Grave 8 Row - Section 2 Division/Block 11

Grave space & Care Fund	250 ⁰⁰
Additional spaces and care fund	NONE
Opening/Closing & <u>out ground</u>	320 ⁰⁰
Burial Container <u>at 4.14.86</u>	175 ⁰⁰
Handling Fee <u>at 4.14.86</u>	120 ⁰⁰
Flower vases - Marker setting fee	-
Recording and filing fee	35 ⁰⁰
Sales taxes	10 ⁰⁰

*Bill 100.00
O.T.
Swid*

Vault

PAID
MAY 13

Total Due	960.50
aid receipt number <u>33357</u>	960.50
Balance due	0
	100 ⁰⁰

I hereby certify I am the Survivor of the above named decedent and that the MT. HOPE CEMETERY position of remains as above indicated. I certify and represent that I have no right to remove the body to any other organization and I agree to hold Mt. Hope Cemetery harmless from any liability for removal of said interment.

Survivor
Sign by Marie Anderson

I hereby authorize the interment in lot 66 Grave 8 Row - Section 2 Division/Block 11 to be held under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 5899
PY-693 (REV. 8-85)

Invoice # 043580
Acct. # 017439

Duplicate Swid
E 5899

LOT OWNER

E-5897

ANDERSON, Marion, 3775 Florence St., SD, CA 92113

NAME

ADDRESS

LOT 66 GR. 8 ROW _____ SEC 2 BLK _____ DIV 11

E5897

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Gerald Anderson		SEX Male	DATE OF BIRTH Sept. 12, 1959	DATE OF DEATH Found May 11, 1986
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 Marion Anderson - Mother	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		
NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 3775 Florence Street San Diego, CA 92113				

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 14 1986
			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		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.

[Handwritten initials]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33357

Date: May 13, 1986

From: Marian Anderson Address: 3775 Florent St #112

In full Payment of Interment fees for Gerald Anderson - Decedent Dollars \$ 960.50

Lot 66 Grave 8 Row — Section -2- Division Block -11-

Invoice No. _____

Acct. No. _____

W.O. E 5897

Unpaid Balance after this Payment _____

Pre-Need At Need On Acct

Ck Cash

AC-212 (Rev. 8-85) #100.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
 MAY 15 1986

[Signature]
 ISSUED BY _____

CREDIT	87007	
20% Sales Tax	77184	50.00
80% Sales of Lots	100	200.00
Openings & Service Charges	77181	320.00
Burial Containers	100	175.00
Recording fees or misc. service fees	77183	170.50
Sales Tax	80101	10.50
	8020	
TOTAL PAID		960.50

E5897

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/09/86

DATE: 07/09/86
TIME: 215430
PAGE: 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/ED	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
043580	06/03/86	017439	MARIAN ANDERSON 100 072		77183	000072	07/03/86	CK	005	100.00 100.00	100.00	0.00 PAID IN FULL

E-5000

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anna Williams
in a Bell Funeral, date, time FRI 5/16 2 PM
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 18 Grave 4 Row _____ Section 3 Division/Block 12
Grave space & Care Fund D-9431 Prepaid

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
CASH
MAY 16
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 3500
3500
33367 3500
Balance due 0

*Will 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

Signature

Address

State Zip Code

Telephone

Work Order # E 5898
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 33367

Date: 5/16/86, 19

From: Eileen Williams Address: 4165 Nabal Dr. La Mesa Ca 92041
Therese Williams ad no
 Dollars (\$) 35.00
 In full Payment of Interment Residency fee for
Anna Williams - dec
 Lot 18 Grave 4 Row 1 Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-5898
 Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash
5832
 AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

AUDITOR
 MAY 22 1986

[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	<u>35.00</u>
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		<u>35.00</u>

15898

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ANNA (NMN) WILLIAMS		SEX Female	DATE OF BIRTH Feb. 20, 1892	DATE OF DEATH May 13, 1986
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 Pre-need	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Conrad Lemon Grove Mortuary		CALIFORNIA LICENSE NUMBER F 941		

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"/> 6. 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 Mt. Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 15 1986 MAY 16 1986	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>Conrad Lemon Grove</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 5-14-86

(DIP)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Addie Greenlee

in a Bell Funeral, date, time Fri 5/16 1:00

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 177 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 1st burial 1981 Prepaid

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 _____

PAID
ch# 4100
MAY 13 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 33366 35.00

Balance due 0

Called by Harry

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 5899

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 33366

Date: 5/16/86, 19

From: Morkley-Mitchell Mortuary Address: 3655-5th St - SD 92103

Christy fund 2000 Dollars (\$ 35.00)

In full Payment of the fee Adeline Groesbeck - deceased

Lot 177 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.D. E-5899

Unpaid Balance after this Payment 0

Pre-Need At Need On Acct
 Ck Cash

AC-212 (Rev. 8-85) 4200

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
 MAY 22 1986
Loyu [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Less	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Resanding fees or misc. service fees	100	
	77183	<u>35.00</u>
Sales Tax	80101	
	8020	
TOTAL PAID		<u>35.00</u>

E5899

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Adeline Greenlee		SEX Female	DATE OF BIRTH Sept. 15, 1898	DATE OF DEATH May 13, 1986
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 Self, Pre-Need Records @ Merkley-Mitchell Mortuary 3655 Fifth Ave. San Diego, CA 92103	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Merkley-Mitchell Mortuary		CALIFORNIA LICENSE NUMBER F-119		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	<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 \$3.00	DATE PERMIT ISSUED MAY 15 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 16 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Dorothy L. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leaven 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 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

2-6 Cash
medium time

Date 05-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

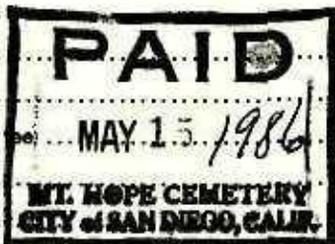
of Alonah Elaine McMath Buckley
in a Baby liner Funeral, date, time May 5/19 10AM
Church, Chapel, Graveside Hagdale Mortuary.

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 4 Row _____ Section 2 Division/Block 7

Prop. transfer from E. Ponce (man) fee 35.00
Grave space & Care Fund

Additional spaces and care fund	.....
Opening/Closing & Setup	.....	<u>100.00</u>
Burial Container	.....	<u>50.00</u>
Handling Fees	.....	<u>11.00</u>
Flower vases - Marker setting fee	.....	<u>35.00</u>
Recording and filing fee	.....	<u>3.00</u>
Sales taxes	.....	<u>234.00</u>



Total Due 234.00

Paid receipt number 33362 35.00

33364 Balance due 199.00

5-14-86
5-15-86

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.

Alonah McMath
Signature of recorded holder of deed

Alonah McMath
Signature
5428 SANTA MARGARITA ST
Address
SAN DIEGO CA 92114
State Zip Code
619 266-8846
Telephone

Work Order # E 5900
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

Recording Requested By

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

ESCROW NO. _____
TITLE ORDER NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

The undersigned grantor(s) declare(s):
Documentary transfer tax is \$
() computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.
() Unincorporated area: () City of _____, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

EZEKIEL ERNEST PONCE

do hereby remise, release and forever quitclaim to

ALFREDA ELAINE McMATH

the following described real property in the city of **SAN DIEGO**
County of **San Diego** State of California

LOT 98 GRAVES number 4, Section 2
Division 7; at MOUNT HOME CEMENTARY

Dated: May 14, 1986

Ezekiel Ernest Ponce
EZEKIAL ERNEST PONCE

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } SS
On May 14, 1986 before me, the under-
signed a Notary Public in and for said County and State, personally
appeared EZEKIAL ERNEST PONCE

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged that he executed the same.
WITNESS my hand and official seal.

Billie Rae Evers
Signature of Notary

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
BILLIE RAE EVERS
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires JAN 6, 1988

E5900

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT ALONNAH ELAINE McMATH BUCKLEY		SEX Female	DATE OF BIRTH May 10, 1986	DATE OF DEATH May 10, 1986
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Alfreda E. Buckley - Mother 5428 Santa Margarita St. San Diego, CA 92114		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragdale Mortuary		CALIFORNIA LICENSE NUMBER 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$3.00	DATE PERMIT ISSUED MAY 14 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 19 1986 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Rouse 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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 33362

Date: 05-14, 1976

From: Barbara McMath Address: 5921 Santa Margarita St. # 9-118

burial fees and misc Dollars (\$ 35.00)

In part Payment of burial fees and interment by
Barbara McMath

Lot 91 Grave A Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-5900

Unpaid Balance after this Payment 2199.00

Pre-Need At Need On Acct
 Ck Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

AUDITOR
 MAY 22 1986

ISSUED BY _____

CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	<u>35.00</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>35.00</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 33364

Date: 05-15, 1986

From: Alfreda Mc Math Address: 5421 Santa Monica St. L.A. 900

One hundred ninety nine and no/100 Dollars (\$ 199.00)

In full Payment of Alonhak E. Mc Math Buckley
service

Lot 98 Grave 4 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.D. E-5900

Unpaid Balance after this Payment 0.00

Fra-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 22 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Debitings & Service Charges	100	100.00	
	77181		
Burial Containers	100	50.00	
	77182		
Recording fees or misc. service fees	100	46.00	
	77183		
Sales Tax	80101	2.00	
	9020		
TOTAL PAID	0	199.00	