INTERMENT ORDER

City of San Diego

Date 05-15-86

dolla m	ed, subject to your rules and regulations, to inter the remains
20	Funeral, date, time Mon 3/19 2:00
Church, Chapel, Graveside	Baardale Mortuary
Church, Chapel, Graveside	Mortgary.
All Funeral cars must arrive before 3:30	D.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time ve	teran
199 - 5	Section 2 Division/Block /2
Lot Grave Row	Section Division/Block
Grave space & Care Fund	<u>493 = </u>
Additional spaces and care fund	
	3200
	1000
	1450
Flower vases - Marker setting fee	
Recording and filing fee	3500
Sales taxes	
90 4	Total Due
eserae por	Paid receipt number
WOELS	Balance due
3900	22 T
I hereby certify I am the and this is your authority to make dispo	of the above named decedent stition of remains as above indicated. I certify and represent
any liability on account of said authorize	ization and lagree to hold Mt. Hope Cemetery harmless from
	The 4.
I hereby authorize the interment in lot hold under deed.	Signature of
Was year	P.O. Box 56472
Signature of recorded holder of died	Riversido Calif. 92517
+	6147 684-9287
20 Day note	01/272
	Invoice # 043250
Work Order # E 5901	Acct. # 0/7303

W.O. NO. E-5901

NOTE-STRAIGHT

110100 30		California, 7/10	y 19	1986
Mt. Hope Cemetery or		, for value received , the unders reasurer	igneo maker(s) promise(s)	10 pay
2751 Warker Co. Co.	- D4 C4 02102			or order,
t 3751 Market St., San the sum of Elevent	hundred or	u and n	1/100 - 00	OLLARS,
with interest from	ne 19, 19 payable on demand	16	n the unpaid principal at th	e rate of
Should interest not be paid when district when due, the whole sum of problem of this note. Interest after maturity united States. Each maker will be jointly hereof before, at or after maturity, and wherson who signs this note agrees that raction be instituted on this note, the united states.	rincipal and accrued interest s y will accrue at the rate indicat y and severally liable and const aives presentment, demand and recourse may be had against hi	hall become immediately due, led above. Principal and interest ents to renewals, replacements d protest and the right to assent is/her separate groperty for an	without notice at the optic it are payable in lawful mon and extensions of time for any statute of limitations. A y obligation contained herei	on of the ey of the payment married

E590L

PERMIT FOR DISPOSITION OF HUMAN REMAINS

					4	manuscript E			
NAME OF DECEDENT			=0 -	16	EX	DATE OF BIRTH	dimentel .	DATE OF DEATH	
Ella M	ae Gibson				emale	Dec. 22,	1922	May 14, 1986	
PLACE OF DEATH-C	CONTRACTOR STRUCTS	PLACE OF	DEATH-COUNTY (OF	STATE	NOT IN CALIFORNIA)			USE OR OTHER INFORMANT	
Nationa	ol City	San	Diego			Willie G	ibson -	- Husband	
	DIRECTOR (OR PERSON ACTING AS SUCH)			CALIFORNI 132	A LICENSE NUMBER	3824 Bir San Dieg			
Au	200		THE ONLY OUT OF	W VIII - VIII	Marian Dentary of the Land	OUR STATE OF THE PERSON NAMED IN	,	J=117	
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	AND DISPOSITION OTHER THAN IN A	(INC	CLUDES INURNMENT						
CEMETERY 4. SCIENTIFIC	USE		NTERMENT, CREMATI		DISPOSITION	9. DISENTERN	ENT OF CRE	MATED REMAINS AND	
LI 4. SCIENTING	331	0	ER HIM III A CEM	-		Disk Collins	ON OTHER I	NAME IN A CEMETERY	
	URPOSE OF ISSUING THIS PERMIT, DISINTERMENT TION. COMPLETE EACH ITEM REQUIRED FOR TH					- LATER THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE			
	NAME AND ADDRESS OF CEMETERY WH		Control of the Contro	gar- and a com-	DATE CHELL DISC NOT HE	THE ST	COUNTY	-	_
BURIAL	Mt. Hope Cemetery;	3751	Market Str	et;	San Diego	, CA	Sar	Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAIN	NS ARE TO BE CREM	ATED D	ATE CREMATED	SIGNATURE OF	PERSON IN C	HARGE OF CREMATORY	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAIN	IS ARE TO BE INTER	RED			COUNTY		1
BURIAL AT SEA	ADDRESS, NEAREST POINT ON SHOP	RELINE, OR	OTHER DESCRIPTION	SUFFIC	HENT TO IDENTIFY	FINAL PLACE A	ND COUNTY	OF DISPOSITION	П
OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	n/a								Ì
Advance No constitutions	This is to certify that I am the pe	rson having	the right to contr	ol the c	Ilspecition of the	SIGNATURE OF	APPLICANT		
ACKNOWLEDGMENT OF	remains of the above named dec								
APPLICANT	and I hereby acknowledge that I this permit gives no right of unre			BUT VALUE SO		DATE SIGNED			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAIN	15				6		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$3.00	AID DI	ATE PERMIT ISSUED AY 1 6 1986	SIGNATURE OF	IL.	TRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TION WAS MA	DE ON	(EMA	X. 1 9 1986	SIGNATURE OF	PERSON IN	CHARGE OF DISPOSITION	
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED. OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OF BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

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A.	67007	3	77184					99.00

1-101-

MT. HOPE CEMETERY
INTERMENT ORDER
City of San To

Willie Liber	n Date 05-15-86
00.0000	ject to your rules and regulations, to inter the remains
of	
in aFu	neral, 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 99 Grave 4 Row	Section 2 Division/Shock 2
Grave space & Care Fund	1/950
Additional spaces and care fund	
Opening Closing & Setup	
Burial Container	\
landling Fees	`
lower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	<u> </u>
	Total Due
Paid re	ceipt number
	Balance due
hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cametery harmless from and interment
hereby authorize the interment in lot I noted order deed.	P.O. Box 56472 Evergedo Ca: 92517
Composition Company (1991)	State (8 4 - 9 2 0 7 Zie Code
F = 0.00	Invoice #
Work Order # E 5902	Acct. #

INTERMENT ORDER

City of San Diego

Date 5-15-86

You are hereby author	rized and instructed, s	ubject to your rules a	nd regulations, to inter	the remains
ina T.S.	Vault	uneral, date, time	hurs 5/22	11:0
Church, Chapel, Grav	ult/Bher	15 1	assale	_ Mortuary.
All Funeral cars must	arrive before 3:30 p.n	n. of regular work da	y or an extra charge wil	I be applied
and billed to undersig	ned. War time vetera	n		
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Grave space & Care F	und		<u></u> ک	595-
Additional spaces and	care fund			
Opening/Closing & S	etup		1 .	3200
Burial Container	TIS IN	ATO		175.00
Handling Fees		/ \	1.1	70.00
Flower vases - Marke	setting felM	AY 22 /986		Cito-Mail A At-
Recording and filing for	POLICE TO SELECT STORES	OPE CEMETERY		3500
Sales taxes	CITY	SAN DIEGO, CALL	P.	1000
A-8/10-2-10-20-20-20-20-20-20-20-20-20-20-20-20-20			Due	125.50
5-22-86	Paid	receipt number 3	3378 13	305.50
3200			Balance due _	0
Zur -			9-011 (/V	102
I hereby certify I am the		on of remains as above	of the above name re indicated. I certify an	
	make this authorization	on and lagree to hold	Mt. Hope Cemetery ha	
Vi	a Phomps	m L. Smith	000 -	/
I hereby authorize the hold under deed.	interment in lot	Signeture	all smill	~
naa anaa aaa.		Address 7	101 San Du	ceale
Signature of recorded helder of de-		Seaso	8. la 9.	Zip Code
Pags del Br	iyon	Yelephone	0-8243	newsterns
and and		2000	0/11 8	4
Er	002	Invoice # _	vaul sy	rih _
WORK CION II	903	Acet. #	Services Services	#w-84/00
PY-583 (REV. 8-85)				

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN

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

Nº 33378

		Date: 05	-33	19/1
From Machon-Dags	ale Address 5050 Fellina	blod, s	K, Ca 4	100
in tell Payment of	allet met	Doll	ars (6 1540	
MCColling XCC x	du dethudler	ahor	ano	37.5
Lot 449 = 0 Grave_	Rows	ection	Division Block	10
Invaice No. 14 = 2 3 /	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 6	7007	900
Acct. No. 17562	GIT	THE REAL PROPERTY OF THE PARTY	7184 47	16 00
W.O. E. S. T. C. T	May AUDITON	Openings & Service Charges 7 Burisl	100 37	000
after this Payment	27 1900	Containers 7 Recording fees or	100 2/	5 00
Pre-Need At Need On Acct	-00	misc service fees 7	7183 0.7	000
Ck Cash L	ISSUED BY DONNE	TOTAL PAID	. 134	0 50

E5903

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	The core and the core			SEX	DATE OF BIRTH	DATE OF DEATH			
	Albert Smith			Male	July 4, 1929	May 14, 1986			
PLACE OF DEATH—C	ITY OR TOWN	100-000 (FOM 2011 - 570) (FOM		re if not in California)	NAME AND ADDRESS OF S	SPOUSE OR OTHER INFORMANT			
S	an Diego	San	Diego		7809 San Vice				
	DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mor	tuary		ORNIA LICENSE NUMBER	San Diego, C				
	TYPE	OF PERMIT, CHECK ON	LY ONE OF THE F	OLLOWING TYPES OF DISP	DISTION	*			
CX1. BURIAL (B	CLUDES ENTOMBMENT)	5. DISINTERME ENTOMBMEN		(INCLUDES	B. DISINTERMENT AND REMAINS (INCLUDE)	REINTERMENT OF CREMATED S INURNMENT)			
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	G 6. DISINTERME	NT. CREMATION.	AND BURIAL					
☐ 3. CREMATION	AND DISPOSITION OTHER THAN IN A	50.00	INURNMENT)						
☐ 4. SCIENTIFIC	USE		NT. CREMATION. N IN A CEMETER	AND DISPOSITION	9. DISINTERMENT OF CONTROL OF CON	CREMATED REMAINS AND			
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	URPOSE OF ISSUING THIS PERMIT. DISINTERMENT TION. COMPLETE EACH ITEM REQUIRED FOR TH								
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BURIAL	Mt. Hope Cemetery	: 3751 Mar	ket St.:	San Diego, C	A	San Diego			
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE	TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON I	N CHARGE OF CREMATORY			
INTERMENT	N/A NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE	TO BE INTERRED		Iron	NTY			
AFTER CREMATION	N/A	The state of the s	1,2 .88 111,411,14	2					
BURIAL AT SEA OR	ADDRESS. NEAREST POINT ON SHORE	ELINE, OR OTHER	DESCRIPTION SU	FFICIENT TO IDENTIFY	FINAL PLACE AND COUN	TY OF DISPOSITION			
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	N/A								
and the same of the same of the	This is so certify that I am the pe	reen having the ri	ght to control t	he disposition of the	SIGNATURE OF APPLICAN	Т			
ACKNOWLEDGMENT OF	remains of the above named deci								
APPLICANT	and I hereby acknowledge that t this permit gives no right of unre				DATE SIGNED				
	NAME AND ADDRESS OF FACILITY RECE	VING REMAINS			%				
SCIENTIFIC									
SCIENTIFIC USE	N/A			the state of the s	THE RESIDENCE OF THE PARTY OF T	and the second s			
	N/A THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA REALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	NT OF FEE PAID	MAY 1 9 198	SIGNATURE OLOCAL	LEMES MARCH			

INTERMENT ORDER City of San Diego You are hereby authorized an instructed, subject to your rules and regulations, to inter the remains 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 Row Section Division/Ble 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 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. ture of recorded holder of deed Zio Cod

Work Order # **E** 5904

Invoice #

Acct. # _____

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this K day of Mark between Nonie Magadia, 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 exclu-

sive right of interment in: Lot 78, Grave 10, Row ____, Section 1 , Block/Division ______, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 5950, payable as follows: \$ 2000 cash herewith, the receipt of which is hereby acknowledged; \$ 2500 on the 10 day of July , 1986; and the balance in installments of \$ 2500 | or more, payable at the office of Mt. Hope Cemetery, on the 10 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 INTER-MENT 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.

Send Payment Back

gralled

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 da	y and year above written.
Deed to be issued to:	Wellest Hodnot
	Name' Address
	X-Nonée Magadia
	4828 Logan aft 101 Street Address (Mail)
	92/13 City Phone 263-0944
	CITY OF SAN DIEGO Mt. Hope Cemetery
	By: Solux like

Janubled 5/16/86 100% Refund

INTERMENT ORDER

City of San Diego

Date 05-15-86

You are hereby authorized and instructed, sut	nect to your rules and regulations, to inter the	remains
01 - 14	19100	2 DI
in a Newtonia Fu	meral, date, time ###	$\propto \Gamma I$
Church, Chapel, Graveside	- Kagodale	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day of an extra charge will be	applied
and billed to undersigned. War time veteran		
40	1/-	1
Lot 73 Grave Row	Section Division/Block	
	tron	reec
Grave space & Care Fund	AID	/
Additional spaces and care fund	'A19	1
Opening/Closing & Setup	- 1001	-
Burial Container	IAY 22 /986	1
Handling Fees	GPE CEMETERY	1
	SAN DIEGO, CALIR.	V
Recording and filing fee	2	50
Sales taxes		
**************************************	Total Due	Cor
	22270 5	0
22-16/1	oceipt number 3337/ 2	-
(Kecupt)	led W Balance due	0
I hereby certify I amythe	E 5 703	deceden
and this is your authority to make disposition	of remains as above indicated. I certify and r	epresen
that I have the right to make this authorization any liability on account of said authorization		less from
I hereby authorize the interment in lot I hold under deed.	Signature	-
	Adires	
Signature of recorded holder of deed	State	
	50000	Zip Cod
	Telephone	0.
	Invoice # 045231	
Wat had a E 5905	017207	_
Work Order # L 0000	Acet.#	-



6334505/23/86 35.00 INVS 35.00 TL 05/23/86 6334 5 35.00 CA 05/23/86 6334 5 .00 BA

E5905

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT		NI TORONO MINISTRA				SEX	DATE OF B	IRTH	-Service (DATE OF	DEATH	
ESTHER HUGHES						Female			1900		14, 1	
PLACE OF DEATH—CITY OR TOWN PLACE OF DEATH—COUNTY (OR ST.) San Diego San Diego					E IF NOT IN CALIFORNIA)		s D.	Chann	el -		ed son	
NAME OF FUNERAL D	e Mortuar	у	3,500	CALIF	1329			n Ave				
		TYPE C	OF PERMIT, CI	HECK ONLY	ONE OF THE P	OLLOWING TYPES OF DIS	SPOSITION					
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2. CREMATION	AND BURIAL (INCLUD	ES INURNMENT)			CREMATION.	AND BURIAL						
3. CREMATION	AND DISPOSITION OT	HER THAN IN A	GN	CLUDES INU	RNMENT)							
4. SCIENTIFIC	USE				CREMATION.	AND DISPOSITION	9. DISIN		OF CREM			
	URPOSE OF ISSUING THIS P										ED PLACE	
BURIAL	NAME AND ADDRESS					of the control of the	VIII.		COUNTY	- ALDERIA		
BURIAL	Mt. Mepe	Cemetery:	3751	Market	St.	San Diego,	CA		San	Dieg	0	****
CREMATION	NAME AND ADDRESS (OF CREMATORY WI	HERE REMAI	NS ARE TO	BE CREMATED	DATE CREMATED	SIGNATURE	OF PER	SON IN CH	ARGE OF	CREMATO	RY
INTERMENT AFTER CREMATION	NAME AND ADDRESS	OF CEMETERY WH	ERE REMAIN	NS ARE TO	BE INTERRED				COUNTY			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	N/A	POINT ON SHORE	ELINE. OR	OTHER DES	SCRIPTION SU	FFICIENT TO IDENTIF		Re	7//	F DISPOS	ITION	
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OF APPLICANT	this permit gives				A CONTRACTOR OF THE PARTY OF TH	and understand tha ned by me.	DATE SIGN	ED				
SCIENTIFIC USE	NAME AND ADDRESS O	OF FACILITY RECEIV	VING REMAIN	NS.								
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH AUTHORITY FOR THE DISP	AND SAFETY CODE A	ND IS THE	\$3.	OF FEE PAID	MAY 1 6 19	SIGNATURE	all.	E.C.	RAR ISSUI	DO PERMIT	nm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE S	PECIFIED DISPOSIT	TON WAS MA	ADE ON	(EN	MAX. 2 0 198	SIGNATURE	OF PER	RSON IN C	HARGE OF		

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

E5905

CITY OF SAN DIEGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

CUSTOMEN ACCOUNT NO. 017302

PAYME	NT DATA
PAYMENT P.M. RECEIVED DATE	5-22-86
PAYMENT REFERENCE NUMBER	F - 5905
PAYMENT REPERENCE NUMBER	
AMOUNT PAID \$35 00	/8334505/23/86 05/23/86 8334 5 35.00- 05/23/86 8334 5 .03-
	TREASURER VALIDATION
CUSTOM	ER DATA
PAYOR NAME ACCOUNT NAME AND STANDER	RAGGOUNT WATER
WAN 53.58	Q. la 92102
REMARKS Service	Lughes
(CR.# 630)	7
CASHIER	INV. NO. 043231
TR-1561 (2-62)	

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

PAID INVOICE REPORT BY DEPARTMENT AS DF 05/27/86

DATE: 05/27/86 TIME: 224722 PAGE:

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV	INV ACCT	CUSTOMER NA	AME DEPT ORG	ACCT	J/D	PAYM DATE OPER	BY R	AYM EF NO FACILI	AMOUNT P		T BILLED	UNPAID BALANCE
043231	05/21/86 017302		HANNEL 072	77183	0000	05/22/8	6 CK E-	5905		.00 .00	35.00	PAIU IN FULL
NUMBER	OF INVOICES PAID		.00							20		

043231 05/21/86 017302 MILES D. CHANNEL 06/01/86 CK 222138467 35.00 0.00 35.00 35.00 35.00-100 072 77183 000072 63021 90222

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID 2.446.00 apply to 100/072,

INTERMENT ORDER

City of San Diego

~ ^	- 100 A TAN TO STATE OF
4	10
thur -	ITIM,

Date 5/16

You are hereby authorized and instructed, sub	bject to your rule:	s and regulations,	, to inter the remains
of Martin Leo Les	Cha (1000-	TOR
ins ash Vault Fu	unel , cale, time	Pin	1 ACON.
Church, Chapel, Graveside	e ; c	1-will	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an extra ch	arge will be applied
and billed to undersigned. Wer time veteran		Viture	<u> </u>
2/ /		AAAC	7.
Lot _ Grave _ O Row	Section —	/ Kitto Division	n/Block
Grave space & Care Fund	CALLES	******	
Additional spaces and care fund		········	
Opening/Closing & Setup			10500
Burial Container	DAL	D	400
Handling Fees	~1	$\boldsymbol{\omega}_{i,1}$	60 -
Flower vases - Marker setting fee	MAY 29 /	98/	
Recording and filing fee		100	3/00
j MT.	HOPE CEME		2,40
well - ac a		otal Due	242.40
The Stand 5 29-86 Bridge	eceipt number ≤	33398	242.4
2 dat 1	eceipt number -	Balanc	a dua
you cent of	pace	Dalanc	
I hereby certify I am the			ove named decedent
and this is your authority to make disposition that I have the right to make this authorization	n and lagree to h	old Mt. Hope Cerr	certify and represent netery harmless from
any liability on account of said authorization	and interment.		
I hereby authorize the interment in lot I	Signature		
hold under deed.	Address		
Signeture of recorded holder of deed	-		Zip Code
	State		25 Com
	Telephon ^a		
	Invoice !		
Work Order # E 5906	Acct. #		
PY-593 (REV. 8-85)	, was in -		



PERMIT FOR PSPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			I SEX	DATE OF BIRTH	DATE OF DEATH	
NAME OF DECEDENT		Ÿ.	200 March (B)	CASCACHAGE CONTRACTOR AND ADMINISTRATION OF	1000 ES A 1000 E	
PLACE OF DEATH—C	Martin Leo L	Ince PLACE OF DEATH—COUNTY	Male	Aug. 17, 1899	May 15, 1986	
PLACE OF PERIN-C	52000	A CONTROL OF THE PARTY OF THE P	A CANADA CONTRACTOR OF THE CON			
MANE OF PUNEDAL O	Escondido RECTOR (OR PERSON ACTING AS SUCH)	San Dieg	CALIFORNIA LICENSE NUMBER	Mr. Robert Lince		
NAME OF FUNERAL D		OLOCO COM BUTOMOSMOSTA CONTRACO		2023 Gordon	180 P CS N. S. T. P. C.	
	Alhiser-Wils	on Mortuary	297	Agusta, Geor	gia 30909	
	TYPE	OF PERMIT, CHECK ONLY ONE O	F THE FOLLOWING TYPES OF DISPI	OSITION		
O I. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND B ENTOMBMENT)	URIAL (INCLUDES	B. DISINTERMENT AND REMAINS (INCLUDES I		
# 2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT, CREM.	ATION, AND BURIAL			
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNMEN	m)			
CEMETERY 4. SCIENTIFIC	USE	7. DISINTERMENT, CREM. OTHER THAN IN A CE		9. DISINTERMENT OF CRE DISPOSITION OTHER T	EMATED REMAINS AND HAN IN A CEMETERY	
	PRPOSE OF ISSUING THIS PERMIT. DISINTERNEY TION. COMPLETE EACH ITEM REQUIRED FOR TH				0.1.3.000	
CANADA STATE	NAME AND ADDRESS OF CEMETERY WH			COUNT	200,00	
BURIAL	na - T			i		
CREMATION	NAME AND ADDRESS OF CREMATORY W Eternal Hills Crema	어디트 물에 되게 되는 것이다. 그런 것이 없는 것이 없는 것이 없다.	4 4 4000	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE INT	ERRED	COUNT	Y	
AFTER CREMATION	Mt. Hope Cemetery				an Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORT	ELINE, OR OTHER DESCRIPT	ION SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	OF DISPOSITION	
ACKNOWLEDGMENT	This is to certify that I am the pe remains of the above named dec	We see the second secon				
OF APPLICANT	and I hereby acknowledge that this permit gives no right of unre			DATE SIGNED		
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS		*		
USE	na					
LOCAL REGISTRAR	THIS PERMIT IS ESSUED IN ACCORDANCE WITH PA THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE CO. OO.	MAY 19198	SIGNATURE OF LOCAL REGIS	Consul M.D.	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TION WAS MADE ON	MAX. 2 9 1986	SIGNATURE OF PERSON IN	CHARGE OF DISPOSITION	

COPY I 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 ID DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT



WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33398

From Bullity SU	ic Address light (1/11/4)	Date: 05-2	9 ,1086 mondils
In Payment of	Matter of Con	Dollars (6	Division S
Invoice No	NOT VALID FOR PURPOSE STATED UNCEST STAMPED	CREDIT 87007 20% Sales Care 77184 80% Sales 77184 100 of Lots 77184	- Block
W.O. E - 5 906 Unpaid Balance after this Payment	01.0585	Openings & 100 Service charges 77181 Burial 100 Containers 77182	105 00
Pre-Need At Need On Acct C	ISSUED BY D. MICE	Recording fees or 100 misc, service fees 77183 60101 Sales Tex 8020	240

INTERMENT ORDER

City of San Diego

Date 5-23-86

of Gerrine	ineral, date, time	11KS 5/24 11'2
Vaunt Liner		
Church, Chapel, Graveside Bluety	unky DE	WWW. Al. Mortusny
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra charge will be applied
and billed to undersigned. War time veteran		
ot/229 Grave Row		13
ot/OO / Grave Row	Section	Division/Block
Grave space & Care Fund		5959
Additional spaces and care fund		
		320
Opening/Closing & Setup	.0	+ - 1750
Burial Container	thus	Z - / / / / / /
landling Fees	Vac	
lower vases - Marker setting fee		
lecording and filling fee		<u>95°</u>
iales taxes		103
Mana Mites	Total	Due 1305 5
ella liggister	eceipt number	
all Pomens	eceipt number	
11/277-0762		Balance due
hereby certify I am the		of the above named deceden
nd this is your authority to make disposition	of remains as abov	e indicated. I certify and represen
hat I have the right to make this authorization my liability on account of said authorization		Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I old under deed.	Signature	
ord district decid.	Address	
gnature of recorded holder of deset		
		Po Car
	Talaphona	
		043577
	Invoice #	
Nork Order # E 5907	630 CO 277 LANS	10141/27



trom

MT. HOPE CEMETERY

3751 Market Street San Diego, CA 92102 264-3151

05/23/86

Sally Romine 4338 Mt. Elbrus Ct. San Diego, CA 92117

Dear Ms. Romine:

I am sending you two (2) copies of the interment order. Please sign one and return with your payment.

Also, the other form for the VA Marker needs to be filled out, signed and returned.

If you should have any other questions, please let me know.

Sincerely,

Barbara Lang

Administrative Aide II

cc: file

E5907

PERMIT FOR DISPOSITION OF HUMAN REMAINS

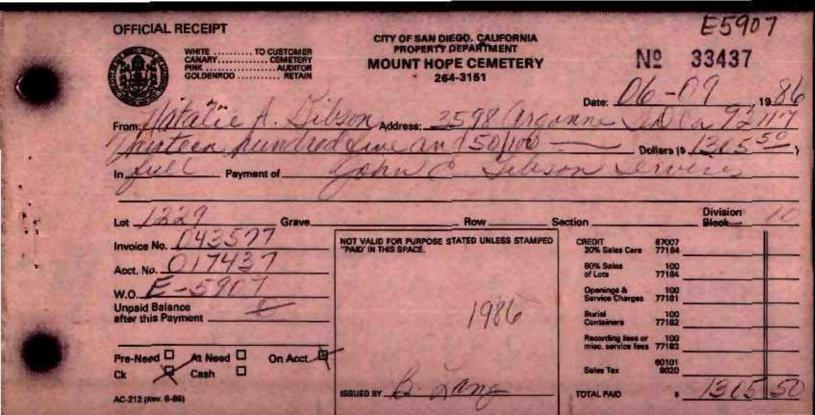
NAME OF DECEDENT			SEX	DATE OF BIRTH DATE OF DEATH		
John Re	rle Gibeon		Male	May 28, 1932 May 23,1986		
PLACE OF DEATH-C	TY OR TOWN	PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT		
San Diego		San Diego		Natalie Ann Gibson-Wife		
NAME OF FUNERAL D	RECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER	3598 Argonne St.		
Lewis Color	ial/Benbough Mortuar	y	480	San Diego, CA 92117		
	TYPE	OF PERMIT CHECK ONLY ONE OF	THE FOLLOWING TYPES OF DISPO	DITION		
JE 1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BUENTOMBMENT)	RIAL (INCLUDES	8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)		
2 CREMATION	AND BURIAL (INCLUDES INURNMENT)	G. DISINTERMENT, CREMA	TION, AND BURIAL			
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNMENT	T)			
CEMETERY ☐ 4. SCIENTIFIC	USE	7. DISINTERMENT, CREMA OTHER THAN IN A CEN		☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
10.12000000	IRPOSE OF ISSUING THIS PERMIT. DISINTERMEN TION COMPLETE EACH ITEM REQUIRED FOR TH			D PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE EQUIRED FOR THE SPECIFIED DISPOSITION.		
985503043011	NAME AND ADDRESS OF CEMETERY WHI		Control of the property of the party of the	COUNTY		
BURIAL	Mt. Hope Cemetery			San Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE INTO	ERRED	COUNTY		
BURKAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	ELINE, OR OTHER DESCRIPTION	ON 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			•. >		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE Y/A	VING REMAINS				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	MAY 2 7 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TION WAS MADE ON	MAY 2 7 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.

CITY TREASURER SAN DIEGO, CALIFORNIA

1505306/11/86 1305.50 1NVS 06/11/86 1505 3 1305.50- CH 06/11/86 1505 3 .00 BA

E5907



043577 06/03/86 017437	NATALIE ANN G185DN 100 072 100 072 100 072 100 072	77181 000072 77182 000072 77183 000072 77184 000072	E −5907	1,305.50 320.00 175.00 205.00 476.00 10.50	PAID IN FULL
E5907	60101 67007	9020 77184			



INTERMENT ORDER

City of San Diego

Date 5-23-86

of June 2.	noson	
na TS Vault	_ Funeral, date, time	UES 727 11:30
Church, Chapel, Gravesid Column	youly of	Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day	y or an extra charge will be applied
and billed to undersigned. War time veter	ran :	
Lot/229 Grave Row _	Section	Division/Block-
Grave space & Care Fund		595=
Additional spaces and care fund		
Opening/Closing & Setup	l	3200
Burial Container T.OP. A	eal face	1- 17500
Handling Fees	Van	770
Flower vases - Marker setting fee		3,00
Recording and filing fee		22
Sales taxes		125050
Mod ley sister	Total	I Due
Pa Pa	id receipt number	
ally homeno	0.	Balance due
I hereby certify I am the	lie ann til	Work the above named decedent
and this is your authoracy to make disposit that I have the right to make this authoriza	ition of remains as above	ve indicated. I certify and represent
any liability on account of said authorizati		Post
I hereby authorize the interment in lot I	Vala	Wellow Sibin
hold finder deed	1 Standar	
Sephilure of recorded holder of Good	Address	
	State	Zip Code
	Telephone	
	Invoice #	
E 5907	Acct. #	

PY-883 (REV. 8-85)



from

MT. HOPE CEMETERY

3751 Market Street San Diego, CA 92102 264-3151

05/23/86

Sally Romine 4338 Mt. Elbrus Ct. San Diego, CA 92117

Dear Ms. Romine:

I am sending you two (2) copies of the interment order. Please sign one and return with your payment.

Also, the other form for the VA Marker needs to be filled out, signed and returned.

If you should have any other questions please let me know.

Sincerely,

cc: file

Barbara Lang Administrativ

harle sury.

INTERMENT ORDER

City of San Diego

Date 05-19-86

	nandl	The same of	1	7
ina Ush Vault Fu	neral, date, time	Tru)	130	2:0
Church, Chapel, Graveside	:4	Merka	uy-	Mortuan
All Funetal cars must arrive before 3:30 p.m.	of regular work o	lay or an extra	oharge will t	e applie
and billed to undersigned. War time veteran		Realy	1:30 4	1chair
27 /		11		1
Lot Grave Row	Section	7 Divis	ion/Block_	_/_
Grave space & Care Fund		4	the	need
Additional spaces and care fund	III)			
Opening/Closing & Setup	(ID		10	250
Burial Container	0.1901			400
Handling Fees	0/100			600
	CEMETERY DEGO. CALIR			
Recording and filing fee	oserov, cours.			350
Sales taxes			V SUREXCESSES	24
7	To	tal Due	25	404
The state of the s				4
arry grom	17.00	33801	21	42 =
arry grown paid re	eceipt number	3340/		12 = A
erkley- July Creme	17.00	33 40 / 80 Bala	nce due	0
I hereby certify I am the	eceipt number _ unio /: 3	of the a	bove named	deceder
I hereby certify I am the	eceipt number	of the a	bove named	represer
I hereby certify I am the	eceipt number	of the a	bove named	represer
I hereby certify I am the	of remains as ab and interment.	of the a	bove named	represer
I hereby certify I am the	of remains as ab and interment.	of the a	bove named	represen
I hereby certify I am the	of remains as ab and lagree to he and interment.	of the a	bove named	represer nless froi
I hereby certify I am the	of remains as abound interment.	of the a	bove named	represer
I hereby certify I am the	of remains as ab and lagree to he and interment.	of the a	bove named	represer nless from
I hereby certify I am the	of remains as abound interment.	of the a	bove named	represer nless from

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT		Web	SEX	DATE OF BIRTH	DATE OF DEATH
PLACE OF DEATH—C	Ruth Anna Hinsha	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)		Dec. 15, 1900	May 12, 1986 DUSE OR OTHER INFORMANT
현 교육 (전환 경기 및 경기 및 연기 및 연기 및 연기 및 연기 및 연기 및 연기 및			TE IF NOT IN CALIFORNIA)	Charles and a second of the se	KT SHAVESHILM ISLED FOR SHEET BY CHILD I
San Die	MRECTOR FOR PERSON ACTING AS SUCH)	San Diego	Ambira I ramina	Self, Pre-Need Merkley-Mitche	Records @
		CALIF	ORNIA LICENSE NUMBER		
MELKTE	y-Mitchell Mortuary		F-119	San Diego, CA	92103
	TYPE	OF PERMIT. CHECK ONLY ONE OF THE P	OLLOWING TYPES OF DISP	OSITION	
1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BURIAL ENTOMBMENT)	(INCLUDES	B. DISINTERMENT AND REI REMAINS (INCLUDES IN	
XX2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	S. DISINTERMENT, CREMATION.	AND BURIAL		
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNMENT)	SALA TERRITA		
CEMETERY 4. SCIENTIFIC	USE	7. DISINTERMENT, CREMATION, OTHER THAN IN A CEMETER		9. DISINTERMENT OF CRE DISPOSITION OTHER TH	
	URPOSE OF ISSUING THIS PERMIT. DISINTERMEN				AND SOUTH OF THE PROPERTY.
OF DISPUSI	NAME AND ADDRESS OF CEMETERY WH		EVALIDATE EACH LINE NOT F	COUNTY	SITION,
BURIAL	THAT AND GOODS OF CEMETERS IN	the meaning was 10 of milenes		Count	
CREMATION	NAME AND ADDRESS OF CREMATORY W Greenwood Cremato		MAY 1 / 1986	SIGNATURE OF PERSON IN C	HARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W			COUNTY	San Diego
BURIAL AT SEA	ADDRESS, NEAREST POINT ON SHOP		FFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS				Record to the second	
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS ACKNOWLEDGMENT	This is to certify that I am the po	ersen having the right to control to edent under provisions of the Mad		SIGNATURE OF APPLICANT	
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that t	하면 하게 되었다. 하면 하는데 하면 하면 하면 하면 하면 하게 하게 되었다.	ith and Safety Code, and understand that	SIGNATURE OF APPLICANT DATE SIGNED	
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that t	edent under provisions of the Hea trespass and nuisance laws apply setricted access to property not ow	ith and Safety Code, and understand that	>	
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS ACKNOWLEDGMENT OF APPLICANT SCIENTIFIC	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that this this permit gives no right of unre	sedent under provisions of the Heat treepase and nuisance laws apply setricted access to property not ow IVING REMAINS ROVISIONS OF AMOUNT OF FEE PAID AND IS THE	ith and Safety Code, and understand that	DATE SIGNED	TRAR ISSUMM TERMIT

MAINS WERE BURIED AT SEA.

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY S CEMETERY PINK AUDITOR GOLDENROD BETAIN From Mella - William S	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 5/3	33401	19
4	in full Payment of Greene	terment of Cumaius	of Bulk A	enshaur-	Sue!
	Invoice No.	NOT VALID FOR PURDING STATED UNLESS STAMPED PAID'IN THIS SPACE AUDIO	CREDIT 5700 20% Sales Core 7718 80% Sales 10 of Loss 7718	2	-
	w.of.5008 (5908) Unpaid Balance after this Payment	NO STORES	Operatings 5 10 Service Charges 7718 Burief 10 Contisioners 7718	105	00
	Pre-Need At Need On Acct C	Day Jones	Recording feet or 10 misc. service feet 7718 6010 Seles Tax 800	The second second	40
	AC-212 (Rev. 8-85)	ISSUED BY	TOTAL PAID	1 014	70

INTERMENT ORDER City of San Diego ou are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup ... **Burial Container** Handling Fees Flower vases - Marker setting for MT. HOPE CEMETERY Recording and filing fee ... ETTY MISAN DIEGO, CALIF Total Due Balance due I hereby certify I am the Alle Common Street Common American and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed grature of recorded heater of deed Tio Code Invoice # E 5909

Acct. #

Work Orde

PY-503 (REV. 9-86)

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY. CEMETERY FINK AUDITOR GOLDENROD RETAIN

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

Nº 33368

From: 2/min 11/11 good	ea Address + Ho & Togan	Dote: 05-19 186
In All S Grave	9 11 pour s	Dollars (8 Division //
Invoice No. Acct. No. W.O. = 5909 Unpeld Balance after this Payment. # 150 000	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PART IN THES SPACE	CREDIT 20% Salas Care 77184 80% Salas 100 00 00 00 00 00 00 00 00 00 00 00 00
Pre-Need At Need Con Acct Con	,306	Recording fees or 100 mino cervice fees 77783 Sales Tax 8020 TOTAL PAID • CC 80

1	ince.		
OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	7/20	33581
From Monie Mara	In 100 48 28 Log	Date: # 101 -	192102
In Jell Payment of Lot 180 00 4	-	action 2	Division //
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SHOP AUDITOR	CREDIT 20% Sales Care 77184 _ 80% Sales 100 of Lots 77184 _ Openings & 100 Sarvice Charges 77181	190 00
Unpaid Balance after this Payment Pre-Need At Need On Acct	of Marian	Suriel 100 Containers 77182 Recording fees or 100 misc. service fees 77183	
Ck	158UED TO EQUILIBRIES	Selec Tex 60101 8020 TOTAL PAID 6_	190 00

HOPE CEMETERY

INTERMENT ORDER ou are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees Recording and filing fee -21-86 Balance du I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of dea

Zin Coti

Invoice #

Work Order

133654 8-15-86 150 00 9-23-86 33758 V33859 10-22-86 2-17-87-3444 -Creat to S.C.F. 20% 5-0.00 Legel decemp Typed

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº	33374	2
From flowere D. W.	and Address: 25/12 Bridge	Date: 05 Dollars (a 9211	14
Lot 90 Grave		oction a	Division Block-	1/
Invoice No. Acct. No. W.O. E - 5 9 1 0 Unpaid Balance & N. 00	NOT VALID FOR HIPDSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Seles Care 77184 50% Seles 100 of Lots 77184 Openings & 100 Service Charges 77181	The second second	or
Pre-Need At Need On Acct	306	Burlal 100 Containers 77182 Recording less or 100 misc. service fees 77182 GO101 Sales Tex 8020		
AC-212 (Rev. 8-85)	ISSUED BY DO DANG	TOTAL PAID	50	17

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: // // // // // // // // // // // // //	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT, MOUNT HOPE CEMETERY 264-3151 MAL Address: 2511 Libb	N: Date: 08	2 33654 2-15 00a 921	19.86
In Alt Payment of Plant Cot		ection	Division Block	
Invoice No. Acct. No. W.O. E - 5 9 1 0 Unpaid Balance # 15 0 00 after this Payment # 15 0	CITY AUDITOR	80% Sales of Lots Openings & Service Charges Burist Containers Recording fees on	97007 77184 77184 77184 50 77181 100 77182 100 77183	00
Pre-Need At Need On Acct Ck Cash On Acct Ac-212 (New 8-85)	ISSUED BY BINANC	Gales Tax TOTAL PAID	•	00

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33758 CAMARY..... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3161 Division NOT VALID FOR PURPOSE STATED UNLIES STAMPED "PAID" IN THE SPACE. Invoice No CIN AUDITOR BO'S Sale 77181 **Unpaid Balance** after this Payment On April TOTAL PAID AC-212 (Nev. 3-85)

· OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33859

	From: Thruck D. Was	284-3181 L Address 25/1 Drille	Dete: M-22	92114
	In Plant Payment of Pol	enced lat	Dollars (0	5000,
	Lot 90 Grave	2 Row_s	action	Division //
-	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care: 77184	
	Acct. No. E 5910	and a	80% Sales 1 100 of Less 1 17184	50 00
	Unpaid Balance after this Payment 150	CITY AUDITOR	Openings & 100 Service Charges 77181 Buriel 100 Containers 77182	7 33
		OCT 24 1986	Recording fees or 100 misc, service fees 77183	
	Pre-Need At Need On Acct Ck Cash	A HARLEY	Seles Tax 80101	
	AC-212 (Rev. 8-88)	ISSUED BY A MIN	TOTAL PAID	50 00

OFFICIAL RECEIPT

Disher.	WHITE TO CUSTO
	WHITE TO CUSTO CAMARY CEME PINK AUD
	000

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

	From Nowell D. Wor	MOUNT HOPE CEMETERY 284-3151 Address: 75/1 25:06	Date: 2/11	7/87 19
	in fill Payment of Cre	extale final	15 20%	Division //
TO SEE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	Invoice No. Acct. No. E-5910 BALANCE DUE Jaid in full - Special Pre-need Touri Geath Check AC-212 (Rev. 11-89) CR# 2784	NOT VALID FOR PLUMPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE. FED 1 8 1097 ISSUED BY PAGE.	CREDIT 07007 ION Seles Care 77184 80% Seles 100 of Lote 77184 Closing 77181 Glosing 77181 Series 77182 Harrist 77182 Total Paid 63002 Total Paid 8	50 00 50 00

Set up at INTERMENT ORDER

iny or dan blago	
	05-20-86
	- 00 10 X b

graveside	Date 05-20-86
of Cary &	cted, subject to your rules and regulations, to inter the remains
Church, Chapel, Graveside	Funeral, date, time flu 123 2.00
Washington to the second with a provide an interest	:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	
Lot 67 Grave 9 Ro	wSectionDivision/Black
Part to the Part Part	595-00
Grave space & Care Fund	
Additional spaces and care fund	32000
Opening/Closing & Setul	AID
Buriel Container	07 1001
Handling Fees	y.27./986 14500
Flower vases - Marker setting fee	PE CEMETERY 3500
Recording and filing fee . CFTY of S	AN DIEGO, CALIR.
Sales taxes	10-100
	Total Due
5-20-86	Paid receipt number 33375 60100
5-27-86	3339/ Balance due 60000
I hereby certify I am the	of the above named decedent
and this is your authority to make dis that I have the right to make this auth any liability on account of said autho	position of remains as above indicated. I certify and represent orization and lagree to hold Mt. Hope Cemetery harmless from rization and interment.
I hereby authorize the interment in lo hold under deed.	Allie M Lewis Way
Signature of recorded holder of deed	San Siego (a 95/39)
	Invoice #
Work Order # E 5911	Acct. #

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33375 CANARY..... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 80% Sales Acct. No. of Lots Openings & Service Charges **Unpaid Balance** Burisi after this Payment Containers Recording less or misc, service feed On Acct At Need Sales Tex TOTAL PAID AC-212 (Rev. 8-85)

	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO. CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº Date; 05-2	33391
	From: Clice 711. Jew Say hundred as in Sul C Payment of M	nd Moffoo	rway Il	Ca 92139
1 0	Invoice No. Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THE APACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Dessings & 100	
	W.O. Unpaid Balance after this Payment Pre-Need At Need On Acct Ck Cash AC-212 (8ev. 8-85)	ISSUEDET BOANG	Service Charges 77181 Burisl 100 Conteiners 77192 Recording fees or 100 misc, service fees 60101 Salan Yax 8020	180 00 180 00 600

E5911

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
Cary James Lewis, Sr.			Male	Dec. 16, 1944	May 19, 1986
PLACE OF DEATH-C	ITY OR TOWN	PLACE OF DEATH-COUNTY (DE	STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SP	OUSE OR OTHER INFORMANT
	MATIONAL CITY	San Diego	20	Alice Lewis -	
NAME OF FUNERAL D	DIRECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER	2920 Demiter k	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Anders	son-Ragsdale Mortuar	y	1329	San Diego, Ca.	92139
	TYPE	OF PERMIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES OF DISP	OSITION	
I 1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BUR ENTOMBMENT)	IAL (INCLUDES	8. DISINTERMENT AND R	
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMAT	ION. AND BURIAL		
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNMENT			
CEMETERY		7. DISINTERMENT, CREMAT	ION, AND DISPOSITION	9. DISINTERMENT OF CR	
4. SCIENTIFIC	USE	OTHER THAN IN A CEMI	ETERY	DISPOSITION OTHER THAN IN A CEMETERY	
FOR THE P	URPOSE OF ISSUING THIS PERMIT. DISINTERMEN	IT IS DEFINED AS THE REMOVAL OF HU	MAN REMAINS FROM ONE SPECIFI	ED PLACE OF DISPOSITION TO AND	THER SPECIFIED PLACE
OF DISPOSE	TION COMPLETE EACH ITEM REQUIRED FOR TH		S. CONTROL PROPER MEDITION IN CONTROL OF STREET		7.000
BURIAL	NAME AND ADDRESS OF CEMETERY WH		NAME OF THE OWNER OWNE	COUNT	ian Diego
	Mt. Hope Cemetery; NAME AND ADDRESS OF CREMATORY W			SIGNATURE OF PERSON IN	
CREMATION	n/a	HERE REMAINS ARE TO BE CREM	DATE CREMATED	SIGNATURE OF PERSON IN	Charge OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE INTER	RED	COUNT	TY .
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY IF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	RELINE. OR OTHER DESCRIPTION	N SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	OF DISPOSITION
	Contract to the contract of th			CICHATURE OF ACOUSTANT	
	This is to certify that I am the pe	rson having the right to cont	rol the disposition of the	SIGNATURE OF APPLICANT	
	remains of the above named dec	ident under provisions of the	Health and Safety Code,		30
ACKNOWLEDGMENT OF APPLICANT		edent under provisions of the resposs and nuisance laws ap	Health and Safety Code, ply and understand that	DATE SIGNED	30
OF	remains of the above named dec and I hereby acknowledge that t	edent under provisions of the resposs and nuisance laws ap estricted access to property no	Health and Safety Code, ply and understand that		
OF APPLICANT	remains of the above named dec and I hereby acknowledge that t this permit gives no right of unce	edent under provisions of the respons and nuisance laws ap estricted access to property no IVING REMAINS	Health and Safety Code, ply and understand that t owned by me.	DATE SIGNED	
OF APPLICANT SCIENTIFIC	remains of the above named deed and I hereby acknowledge that t this permit gives no right of unre NAME AND ADDRESS OF FACILITY RECE	edent under provisions of the respons and nuisance laws ap estricted access to property no IVING REMAINS OVISIONS OF ANOUNT OF FEE P	Health and Safety Code, ply and understand that t owned by me.	DATE SIGNED SIGNATURE OF LOCAL REG	man M. Amm

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 25-20-86

You are hereby authorized and instr	ructed, subject to your ru	ules and regulations, to inter the remains
of Kelen 1	B. Mami	er)
ina Cosh Vaul	Funeral, date, ti	ime 120 723 2:00
Church, Charel, Graveside	- 13	Theenewood Mortuery.
All Funeral cars must arrive before	3:30 p.m. of regular wo	ork day or an extra charge will be applied
and billed to undersigned. War tim	e veteran	
Man	Annual Communication of the Co	Division/Block- /O
THE RECEIPT OF THE PERSON OF T	of the Annual Control of the Control	
Grave space & Care Fund	D-1417	Prenced
Additional spaces and care fund .		······
Opening/Closing & Setup		4—
Burial Container	*****	
Handling Fees	************	
Flower vases - Marker setting fee		
Recording and filing fee	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sales taxes		
		Total Due
	Paid receipt number	*
		Balance due
N	,	
I hereby certify I am the and this is your authority to make a that I have the right to make this aut any liability on account of said auth	disposition of remains as thorization and I agree to horization and intermen	of the above named decedent s above indicated. I certify and represent o hold Mt. Hope Cemetery harmless from t.
I hereby authorize the interment in hold under deed.	lot I Signature	2554 Mountain De
Signature of recorded holder of deed	Exam	714-982-033/

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			I SEX 4	DATE OF BIRTH	DATE OF DEATH	
Helen Rose Kramer			Female	June 28, 1894	May 19, 1986	
		PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPO	DUSE OR OTHER INFORMANT	
Chula Vista		San Diego		Margaret E. Mu	elchi-Executrix	
	MRECTOR (OR PERSON ACTING AS SUCH)	Jun 22080	CALIFORNIA LICENSE NUMBER	2554 Mountain		
Gr	eenwood Mortuary		F-843	Upland, California 91786		
	TYPE	OF PERMIT. CHECK ONLY ONE	OF THE FOLLOWING TYPES OF PISP			
☐ 1, BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND E	BURIAL (INCLUDES	S DISINTERMENT AND REMAINS (INCLUDES)		
XXX CREMATION	AND BURIAL (INCLUDES INURNMENT)	O 6, DISINTERMENT, CREM	IATION, AND BURIAL			
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNME	NT)			
CEMETERY 4. SCIENTIFIC	USE	7. DISINTERMENT, CREM OTHER THAN IN A CO		DISINTERMENT OF CRIDISPOSITION OTHER T	EMATED REMAINS AND THAN IN A CEMETERY	
	URPOSE OF ISSUING THIS PERMIT DISINTERNE TION COMPLETE EACH ITEM REQUIRED FOR TH					
The second second	NAME AND ADORESS OF CEMETERY WH	and the second s		COUNT		
BURIAL	NA -			i i		
CREMATION	Greenwood Crematory I-805 & Imperial A	HERE REMAINS ARE TO BE CR Venue, San Diego	CAMAY 22 1986	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE IN	TERRED	COUNT		
AFTER CREMATION	Mt. Hope Cemetery, 3'				San Diego	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOP	RELINE, OR OTHER DESCRIPT	TION SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	OF DISPOSITION	
ACKNOWLEDGMENT	This is to certify that I am the per remains of the above named dec	THE RESERVE OF THE PARTY OF THE	하게 하는 경에 보고 있어야 할아보면 하다면 하게 되었다면 하는 것이 되어 하는데 하다 하는데 없다.	The state of the s		
APPLICANT and I haveby acknowledge that trespose and nulcance law this permit gives no right of unrestricted access to propert				C. Cold and		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE NA	IVING REMAINS				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI THE CALIFORNIA MEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	0 0 1000	SIGNATOR OF LANGE	PRAR ISSUING FOIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOS	TION WAS MADE ON	MAY 2 3 1986	SIGNATURE OF PERSON IN	CHARGE OF DISPOSITON	

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. WOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-20-86

of_ David	dewis Johnson
ne Bell	Funeral, date, time Tax 3/23 11:00
Church, Chapel, Graveside	: Ragadale Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day of an extra charge will be applied
nd billed to undersigned. War time v	veteran
E2 8	2 /2
ot Grave _ O Row	V Section Division/ Block
Grave space & Care Fund	49500
Additional spaces and care fund	BAID
CONTROL OF CAME TO STATE AND SHOULD BE	PAID 32000
Opening/Closing & Setup	07 1001 1000
Burial Container	MAY 21/91/4
landling Fees	MT. HOPE CEMETERY
lower vases - Marker setting fee	ATY MISAN DIEGO, CALIR.
Recording and filing fee	35 00
Sales taxes	_602
	Total Due//0/07
teran 5/27/86	Paid receipt number 333 92 // 0/ 0
1-1,00	Balance due -0-
	balance due
hereby certify I am the	of the above named decedent
and this is your authority to make disp that I have the right to make this autho	position of remains as above indicated. I certify and represent or ization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	rization and interment.
hereby authorize the interment in lo	" Enla Johnson
hold under deed.	Signature 15 8+
	29111110
	- 62102
Signeturs of recorded holder of deed	20. Ca 92102
ligneours of recorded holder of deed	Sela 92102 Telephone
Signesure of recorded holder of deed	Telephone Invoice #

Anderson-Ragsdale Mortuary

"Chird Ceneration In The Mortuary Profession"

5050 FEDERAL BLVD. SAN DIEGO, CALIF 92102 PHONE 17141 253-3141



May 23, 1986

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

Dear Sir:

I am enclosing a check in the amount of \$1101.00 for the grave expenses for David Lewis Johnson, who was buried on Friday May 23, 1986. Would you make the receipt to Eula Johnson.

I am enclosing the application on Wilbert Hadnot, who is to be buried on May 28, 1986.

Yours truly,

H. W. Ragsdale

OWNER

		TOMER PR	F SAN DIEGO, CALIFORNIA OPERTY DEPARTMENT NT HOPE CEMETERY	N	2 3339	2
4 570	anderson	Rosposle	264-3161	Date: 05	-27	1986
	From: Culayor	noon Addre	HS: 29/7 K, L	t LAC	2 921	00
	flever Num	red ane a	nd moller	Do	illers (\$	
	In Payment of	Name of	sur you	me N	eruce	_
	Lot 52	Grave / / / /	RowS	Section	Division	10
-	Invoice No.	NOT VALID FOR I	MAY 29 1962 PAR	CREDIT 20% Sales Care	67007 9	9/00
20 第	Acct. No	等令 图寸级	No. AUDIO	80% Sales of Lots	77184 390	6 00
u sal	W.O Unpaid Balance	100	14 29 19 10 PM	Openings & Service Charges Burial	77181 32	0 60
	after this Payment	6	11986	Containes	77182 / 0 0	1000
	Pre-Need At Need On	Acet 🗆	26	Spice Tax	60101	600
	AC-212 (Rev. 8-95)	ISSUED BY	2.0479	TOTAL PAID	//0	100

E5913

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	d Lewis Johnson			Male	Dec. 11, 19	47 May 16, 1986		
PLACE OF DEATH—C	TY OR TOWN	San Diego		IF NOT IN CALIFORNIA :	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Eula Johnson - Wife 2917 "K" Street San Diego, CA 92102			
NAME OF FUNERAL D	DIRECTOR (OR PERSON ACTING AS SUCH) rson-Ragsdale Mortua	irγ		RNIA LICENSE NUMBER 329				
		5. DISINTERMENT	AND BURIAL (I	LLOWING TYPES OF DISPO	B. DISINTERMENT A	ND REINTERMENT OF CREMATED		
2. CREMATION	CLUDES ENTOMBMENT) AND BURIAL (INCLUDES INURNMENT) AND DISPOSITION OTHER THAN IN A USE	ENTOMBMENT: □ 6. DISINTERMENT (INCLUDES IN □ 7. DISINTERMENT OTHER THAN	r. CREMATION. A		☐ 9. DISINTERMENT O	F CREMATED REMAINS AND		
	URPOSE OF ISSUING THIS PERMIT: DISINTERNEY TION. COMPLETE EACH ITEM REQUIRED FOR TH I NAME AND ADDRESS OF CEMETERY WH	E TYPE OF PERMIT SPECIFIE	ED ABOVE AND INV		EQUIRED FOR THE SPECIFIES			
BURIAL	Mt. Hope Cemetery;	3751 Market	Street	; San Dieg	o, CA	San Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO	BE CREMATED	DATE CREMATED	SIGNATURE OF PERSO	N IN CHARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO	BE INTERRED		ľ	COUNTY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOP	RELINE: OR OTHER DE	SCRIPTION SUF	ICIENT TO IDENTIFY	FINAL PLACE AND <u>CO</u>	OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the PGMENT remains of the above named decedent under provisions of the Health and Safety Code,					CANT		
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS	4		**			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PF THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	OF FEE PAID	MAY 2 0 1986		RECOTRAR ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI		M	AY 2 3 1986		ON IN CHARGE OF DISPOSITION		

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-22-86

			0010	
You are hereby authorized an	11		d regulations, to i	nter the remains
of Wille		enot	1111	
in a Dauble (regot Fund	eral, date, time 💃	wed ta	11:00
Church, Chapel, Graveside	01	: B	agodal	Mortuary.
All Funeral cars must arrive	before 3:30 p.m. of	regular work day	or an extra charg	e will be applied
and billed to undersigned. W				8 855
1 100 0	•		7	11
Lot 105 Grave 7	Row	_SectionC	Division/9	tock _//_
Greve space & Care Fund .	E-590	9	Th	eneed
Additional spaces and care for	und			
Opening/Closing & Setup .				32000
Burial Container . Dale	ible Or	pot		3300
Handling Fees	6	// ·	************	3200
Flower vases - Marker settin	g fee			2-0
Recording and filing fee				. J.
Sales taxes				1980
		Total	Due	102489
-22-86	Paid rec	eipt number 33	3377	6060
Day note	- ,)		Balance du	4188
I hereby certify I am the	Wit	ع	of the above	named decedent
and this is your authority to r that I have the right to make t	nake disposition of his authorization a	remains as above nd lagree to hold l	e indicated. I certi Mt. Hope Cemeter	fy and represent y harmless from
any liability on account of sa	id authorization an	d interment.	1	a at
I hereby authorize the interm	ent in fot i	Zille	ul Das	new
hald under deed.	heat	361	1-43Vd	51
Signature of recorded holder of clean	any	San 1	Vieno C	10,92100
COLD CONTRACTOR OF COUNTY AND A SECOND		State 6/9/	26-4-5	747 to Code
			0435	75
Work Order # E 5914	de .	Invoice #	2/7420	" ——
Work Order # E 0019		Acct. #	11100	9-2

Will make monthly payments W.O. NO. E 5914.

NOTE—STRAIGHT San Diego, California, May 28 1986 Mt. Hope Cemetery or San Diego City Treasurer Mt. Hope Cemetery or San Diego, CA 92102 the sum of Fourthendred Lighteen, and 80/100 — DOLLARS, with interest from Ounce 28 1986 — on the unpaid principal at the rate of

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 profest 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 Caup may fix as attorney's fees.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

per cent per annum, payable on demand

12

Mailing Address

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOV GENROOD GETAIN

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

Nº 33377

Harman Land	204-3101		
		Date: 05- 6	i ,19/6
From Ellena Codno	Address: 341-431d	V.L.Ca	7-102
Seven Mentred	extry siny and not	Dollars (75600
In Durt Payment of [1)1	Cherto almit	erucie	-
1			
Lot 165 Grave		Section	Division //
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 57007 20% Sales Care 77184	70 00
Acct. No.	MAY AUDITONISC	80% Sales 100 of Lots 77194	80 00
WOE -5909 4 E 5914	MAY 27 1986	Openings & 100 Service Charges 77181	320 00
Unpaid Balance after this Payment	27 100	Burist 100 Containers 77182	HOUTH
	3	Recording tens or 100 misc, service fees 77183	286 00
Pre-Need At Need On Acct	00	Sales Tex 8020	19 10
AC-212 (Rev. 8-85)	ISSUED BY DONALD	TOTAL PAID 6	15600

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5914

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH		
WILBERT HA	DNOT		Male	Dec. 1, 1925	May 21, 1986		
PLACE OF DEATH-C	TY OR TOWN	PLACE OF DEATH-COUNTY	OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF S	POUSE OR OTHER INFORMANT		
NOTWE 1 K NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		Los Angeles		Ellena Hadnot - Wife 361 N. 43rd Street			
			CALIFORNIA LICENSE NUMBER				
Andersor	-Ragsdale Mortuary		1329	San Diego, California 92102			
	TYPE (OF PERMIT. CHECK ONLY ONE O	F THE FOLLOWING TYPES OF DISP	OSITION			
M 1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BE ENTOMBMENT)	URIAL (INCLUDES	B. DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED		
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMA	ATION: AND BURIAL				
3. CREMATION	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNMEN					
CEMETERY		7, DISINTERMENT, CREM	ATION. AND DISPOSITION	☐ 9. DISINTERMENT OF C	REMATED REMAINS AND		
4. SCIENTIFIC	USE	OTHER THAN IN A CE	METERY	DISPOSITION OTHER THAN IN A CEMETERY			
FOR THE PL	IRPOSE OF ISSUING THIS PERMIT. DISINTERMEN	T IS DEFINED AS THE REMOVAL OF	HUMAN REMAINS FROM ONE SPECIF	ED PLACE OF DISPOSITION TO A	NOTHER SPECIFIED PLACE		
OF DISPOSE	TION. COMPLETE EACH ITEM REQUIRED FOR THE	TYPE OF PERMIT SPECIFIED ABOVE	AND INVALIDATE EACH LINE NOT	REQUIRED FOR THE SPECIFIED DIS	SPOSITION		
BURIAL	NAME AND ADDRESS OF CEMETERY WHE	ERE REMAINS ARE TO BE INTER	RED	coul	NYY		
BURIAL	Mt. Hope Cematery 37	51 Market Stree	t San Diego, Cal	Ifornia S	an Nieco		
CREMATION	NAME AND ADDRESS OF CREMATORY WI	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON I	CHARGE OF CREMATORY		
CREMATION	N/A	Acceptance of the second of th		>	4		
INTERMENT AFTER	NAME AND ADDRESS OF CEMETERY WH	IERE REMAINS ARE TO BE INT	ERRED	cou	NTY		
CREMATION	N/A						
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	ELINE. OR OTHER DESCRIPTI	ON SUFFICIENT TO IDENTIFY				
Annual programmer and an arrange of the state of	This is to certify that I am the per	rson having the right to co	ntrol the disposition of the	SIGNATURE OF APPLICAN	Ţ		
ACKNOWLEDGMENT	remains of the above named deca			>			
APPLICANT	and I hereby admowledge that to this permit gives no right of unre			DATE SIGNED			
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECEI	VING REMAINS		W			
USE	N/A			•			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROTIES CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	MAY 28 19	SIGNATURE CACAL RE	LE Convol, M.D.		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSIT	- Activities	MAY 2 8 1986	SIGNATURE OF PERSON	N CHARGE OF DISPOSITION		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 5914

CITY TREASURED

5250506/13/86 68.80 INVS 06/13/86 5250 5 68.80 CH -06/13/86 5250 5 00 BA

E5914

CITY TREASURER

OFFICIAL RECEIPT

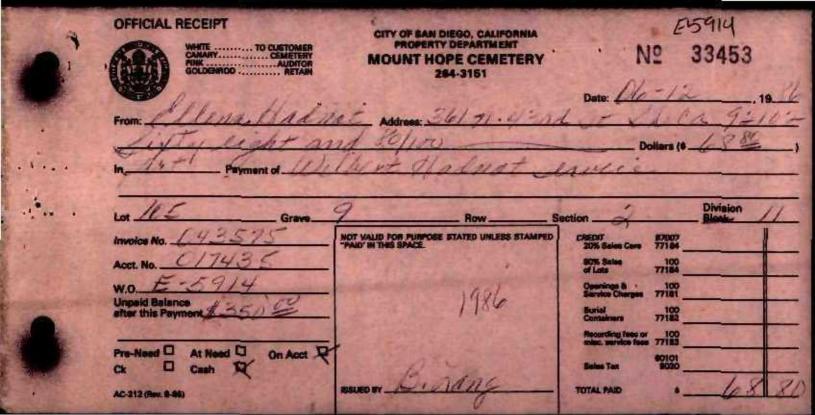


WHITE TO CUSTOMER
CAMARY CEMETERY
FINK AUDITOR
GOLDENROD RETAIN

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

Nº 33564

From: Ellena Haline	t Address 36171.4316	Deta: 7-21	92102
in furt Payment of 100	Court Glodnot	Dollars (8.	5000
Lot 105 Grave_	9 Row	Section 9	Division //
Invoice No. 643575 Acct. No. 617435	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CNSCIT 67007 20% Seles Care 77184 80% Seles 100 of Lata 77184	En ve
W.O.E - E 914 Unpaid Balance 8 300 59 after this Payment 8 300 59	1916	Openings & 100 Service Charges 77181 Burial 100 Containers 77182	
Pre-Need At Need O On Acct		Recording fees or 100 miss, service fees 77183	
Ck Cash Ac-212 (Rev. 8-85)	BOURD BY B. Gang	Sales Tex 8020 TOTAL PAID	50 00



E5914

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

PAID INVOICE REPORT BY DEPARTMENT AS OF 10/03/86

DATE: 10/03/86 TIME: 205035 PAGE: 4

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

PAYM PAYM UNPAID ACCT AMOUNT BILLED INV INV AMOUNT PAID BY REF NO DATE CLISTOMER NAME BALANCE NO DATE NO AMOUNT APPLIED BN/EQ FACILI DPER DRG ACCT FUND DEPT 225.00 418-80 50.00 09/29/86 CK 017435 ELLENA HADNOT PARTIAL PAYMENT 043575 06/03/86 017435 39.40 000072 77182 072 100 8.24 000072 77183 072 100 2.36 0.9020 60101 NUMBER OF INVOICES PAID 50.00 TOTAL AMOUNT PAID

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

INV

PAID INVOICE EPORT J DEPARTMENT AS F 06/16.

DATE: 06/16/86 TIME: 205626 PAGE: 5

DEPARTMENT 072

INV

PROPERTY DEPT-MT HUPE CEMETERY

OKG

77182

77183

9020

NO DATE NO CUSTOMER NAME FUND DEPT 043575 06/03/86 017435 ELLENA HADNOT 100 072 100 072 60101

ACCT

ACCI

PAYM PD PAYM
DATE BY REF NO
ACCT J/O OPER BN/EQ FACT

BY REF NO AMOUNT PAID AMOUNT BILLED BNZEG FACILI AMOUNT APPLIED

410.80

PARTIAL PAYMENT

UNPAID

BALANCE

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

68.30

68.80 54.21 11.34 3.25

39.40

8.24

2.30

PAID INVOICE REPURT BY DEPARTMENT AS OF 07/28/86

000072

000072

UATE: U//28/66 TIME: 223/30 PAGE: 4

UNPA IL

DEPARTMENT 072

INV

CITY OF SAN DIEGO

REPORT NO. C65-102

AUDITOR & COMPTROLLER

INV

PROPERTY DEPT-MT HOPE CEMETERY

NO DATE NO CUSTOMER NAME FUND DEPT ORG ACCT 043575 06/03/80 017435 ELLENA HADNOT 100 072 100 072 60101 9020

ACCT J/O OPER BN/EQ FACILI 77182 000072 77183 000072

PAYM

DATE

PAYM

REF NU

dY

AMOUNT PAID AMOUNT BILLED
50.00 418.60

BALANCE BAGO BOO.GO PARTIAL PAYMENT

		F SAN DIE R & COMPT NO. C65- MENT 052 INV DATE		Y TREASURER		PAID	INVOICE A	SENERAL I	IVABLE BY DEPART 3/87 NV-REF TO	TREAS	URER				DATE: 03/03/ TIME: 223341 PAGE: 5
		06/03/35		CUSTOMER NAME FUND DEPT ELLENA HADNOT 100 072 100 072 60101	ORG	77182 77183 9020	J/0 00007	PAYM DATE OPER 02/24/87	PD PAY BY REF BN/EQ F	M NG ACILI	CMA TRUDOMA	50.00 39.40 8.24 2.36	TAUCHA	31LL50 418-80	UNPAID BALANCE PAID IN FULL
3.0	190	06/03/86		ELLENA HADNOT 100 072 100 072 60101	notiture	77182 77183 9020	00007	11/03/86 2 2	ск 163			50-00 39-40 8-24 2-36		418.50	PARTIAL PAYMENT
V d LT	JAITFA9	08*81+	2	95.5 95.8 90.62	٤	SK 18		210000 210000	581TT \$ 551TT \$ 0509	ayyu	TONGA STO STO	0105 1000 100 100 100 100 100 101 101 10	SE4L10 9	5/EC/9C	515840

PARTIAL PAYMENT

FART JAITEAN

043575 06/03/86 017435 ELLENA HADMOT 100 072 0000072 000072 000072 000072 000072 000072 000072 000072 000072 0000072 000072 000072 000072 000072 000072 000072 000072 000072 0000072 000072 000072 000072 000072 000072 000072 000072 000072 0000072 000072 000072 000072 000072 000072 000072 000072 000072 0000072 0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinter	Date 05-22-86 desenter
You are hereby authorized and instructed, subject of	eral, date, time Lies 727 Am
Church, Chapel, Graveside	; Mortuary.
All Funeral cars must arrive before 3:30 p.m. of and billed to undersigned. War time veteran	regular work day or an extra charge will be applied
Lot 535 Grave Row	Section Pivision/Bleek
Grave space & Care Fund	
Additional spaces and care fund Opening/Closing & Setup	ter 21000
Burial Container	AID
Clauser many Markey author for	Y 22 1986
Sales taxes David MT. He	PE CEMETERY BAN DIEGO, CALIF.
Paid rec	eipt number 33377 215 00
5-22 86	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and the said authorization are said authorization and the said authorization and authorization and authorization and authorization and authorization and authorization and	of the above named decedent fremains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from id interment
I hereby authorize the interment in lot I hold under deed	Muan (Boh)
Grightsture of recorded holder or offeet	Winchester Causas LLD99 De Con
	Takephone
Work Order # E 5915	Acct. #

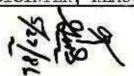


THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT AUTHORITY TO DISINTER, REMOVE OR REINTER



5-22 1986 MONTH YEAR.

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

CAROL ANN O'ROKE

		ame to and re		d remain	as in Lot		Grave
Section	Row	Block	Div	_•			
		£ 1	8	-3			
		by certify			ALL TAILS TO SERVICE		
		emains and ha		the same of the sa			M. P. Carlotte Co.
and that the	ey are re	elated to the	e decedent	as indi	cated be	low. T	he
undersigned	further	agree to ho	ld Mount H	ope Ceme	etery har	mless f	rom
any liabilit	ty on acc	count of said	d authoriz	ation,	lisinterm	ent, re	moval
Signature	The	Signati	ly Ohrk	<u>s</u>	gnature		
father		Mor	the	S			
Signature Signature Allen Relation to	decease	ed Relation	her on to dece	S		o decea	sed
Relation to	decease	ed Relation	nive	ased Re	elation t	o decea	sed
father	decease	ed Relation	her on to dece	ased Re		o decea	sed
Relation to	decease	ed Relation	nive	ased Re	elation t	o decea	sed

VERIFIED W/SACTO PERMIT FOR DISPOSITION OF HUMAN REMAINS STILLBORN NAME OF DECEDENT DATE OF BIRTH DATE OF DEATH C'AROL ANN O'ROKE 8-28-56 PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT AN DIEGO SAN DIEGO Box 192, NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA LICENSE NUMBER Winchester, Ks. 66097 BIROKE TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION 5. DISINTERMENT AND BURIAL (INCLUDES ☐ B. DISINTERMENT AND REINTERMENT OF CREMATED L BURIAL (INCLUDES ENTOMBMENT) ENTOMBMENT REMAINS (INCLUDES INURNMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) 3. CREMATION AND DISPOSITION OTHER THAN IN A ☐ 7. DISINTERMENT. CREMATION. AND DISPOSITION ☐ 9. DISINTERMENT OF CREMATED REMAINS AND 4. SCIENTIFIC USE OTHER THAN IN A CEMETERY DISPOSITION OTHER THAN IN A CEMETERY FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION. NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED BURIAL EMAGA 66512 OTAWATTOMIE AGA SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION 1/A NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED INTERMENT COUNTY CREMATION ADDRESS. NEAREST POINT ON SHORELINE. OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION BURIAL AT SEA DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code, OF APPLICANT DATE SIGNED and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC

COPY J 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.

AMOUNT OF FEE PAID

3.00

COPY 1

USE

LOCAL REGISTRAR

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

CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH SERVICES-OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(ENTER DATE)

DATE PERMITHEST DE

MAY 2 2 1986

(REV. 5-78) FORM VS-

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

10	5-2-8 THE CITY OF SAN DIEGO
33	THE CITY OF SAN DIEGO
	PARK DEPARTMENT—CEMETERY DIVISION
Fo	na family,
W	thout funds Quitclaim Deed
تو	100 in consideration of Remard of Carol and O' Rohe
W	100 - In consideration of Carol and Core
	Remain - WO 5915-
	I/Wellman CO'loke
	Do Hereby Remise, Release and Quitclaim to The City of San Diego, a Municipal Corpora-
12	tion, all that Cemetery property situated in Market Cemetery, in said City of San
	Diego, County of San Diego, State of California, described as follows:
	Baby grave for childrender 36" or Cremain
4	4+535 - 2 - 8-Durisian
3940	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_ 28day of
	×// 01/2/
	EXECUTED IN THE FRESENCE OF THE FOLLOWING WITNESSES:
	() Atal * Shirley O. Koke
	Scorgentsteller
	102 Linaskappu
	Cemiley mgr. Witnesses. Winclusta, Ko. 6609
	Witnesses.
	STATE OF CALIFORNIA)
	COUNTY OF SAN DIEGO. SS.
	On thisday 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.
	vacase en esta tradité est persona te prede de la ville de la ville de la competit de la compet
	Notary Public in and for said County and State
	My Commission expires My Commission expires

OFFICIAL RECEIPT



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

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

Nº 33379

From Duane C.	E Hake Address	Lay 195	Winehest	19 / (0 () 9) () () () () () () ()
In SECOL Payment of	Grave	nont /	C'hores	Division 8
Acct. No	MAT VALID FOR PO	AUDITOR	AMPED CREDIT 20% Sales Care 80% Sales of Loss Openings & Sarvice Charges Buriet	57007 77184 77184 77181 2/0 40
Pre-Need At Need On Ck Cash Ac-212 (New 8-85)	Acct ISSUED BY	Dane	Recording fees or miso, service fees	77160 100 77183 60101 9020

PERMIT FOR DISPOSITION OF HUMAN REMAINS

VERIFIED W/SAC

SIGNATURE OF APPLICANT

SIGNATURE OF PERSON IN CHARGE OF DISPOSI

DATE SIGNED

NAME OF DECEDENT SEX DATE OF BIRTH NN O'ROKE PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT E61 DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA LICENSE NUMBER Winchester, Ks. 66097 TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION DISINTERMENT AND BURIAL (INCLUDES □ 8. DISINTERMENT AND REINTERMENT OF CREMATED 1 BURIAL (INCLUDES ENTOMBMENT) ENTOMBMENT) 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 9. DISINTERMENT OF CREMATED REMAINS AND □ 7. DISINTERMENT, CREMATION, AND DISPOSITION A SCIENTIFIC USE OTHER THAN IN A CEMETERY DISPOSITION OTHER THAN IN A CEMETERY FOR THE PURPOSE OF ISSUING THIS PERMIT. DISINTERMENT IS DEFINED AS THE REMOVAL OF HUNAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE. OF DISPOSITION, COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERNIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION. NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED BURIAL SIGNATURE OF PERSON IN CHARGE NAME AND ADDRESS OF CREMATORY CREMATION NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED INTERMENT COUNTY AFTER CREMATION BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS

COPY I 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 BURNED AT SEA.

AMOUNT OF FEE PAID

This is to certify that I am the person having the right to control the disposition of the

remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespess and nuisance laws apply and understand that

this permit gives no right of unrestricted access to property not owned by me.

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF

THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE

AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON

ACKNOWLEDGMENT

APPLICANT

SCIENTIFIC

LOCAL

REGISTRAR

CERTIFICATION

OF PERSON IN CHARGE

OF DISPOSITION

LENTER DATE

DATE PERMIT ISSUED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/86

of yrone	2 4	all	F. 57	6:204
in a Assur-Liner D	Fune	eral, date, time	By 12	7.30 MM
Church, Chapel, Graveside	anual	4;_	mazza	Mortual
All Funeral cars must arrive before 3	3:30 p.m. of	regylar work d	ay or an extra ch	arge will be applie
and billed to undersigned. War time	veteran	NO.		
9/2 -		VSD-SPRESON III	/	9
Lot 764 Grave Ro		_ Section	Divisio	n/Block
Grave space & Care Fund		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100
Additional spaces and care fund				
Opening/Closing & Setup				100°
Burial Container				<u>50°</u>
Handling Fees		******		11 0
Flower vases - Marker setting fee				
Recording and filing fee		1		310
Sales taxes	100			3.0
and to be herished	TA	***		299
Bestle and Com		11358	al Due	
Belove 4P.M.	Paid rece	eipt number		~
~ [0		Balanc	e due
I hereby certify I am the	then	,	of the sh	ove named decede
and this is your authority to make dis	sposition of	remains as abo	eve indicated. I	certify and represe
that I have the right to make this auth any liebility on account of said autho	orization an	d interment.	gagt. Hope Cen	etery narmiess iro
		J 1	1	Beb
I hereby authorize the interment in I hold under deed.	ot I	Signatura /	Tight.	Maker
		Address	(Day	Jounto i
Signature of recorded holder of deed	- 55.	3F	+ cally	, 72/14
Marine Company	\$.	State 6	164-64	, 92/ <u>/4</u> 33
Marine Company	- <u>s</u> .	State Co	64-64	33
	- A	9	043	. 42/14 33 579

200 200 SANGON	NOIE	SIRAIGH	. /	
:299°	San Diego,	, California,	5/22	1986
Mt. Hope Cemetery			ed, the undersigned maker	(s) promise(s) to pay
at 3751 Market St.,/				, or order
the sum of Two He	ended nin	7 -	A Mor	DOLLARS,
	num, payable on dema	and	on the criparo	principal at the rate of
Should interest not be paid who interest when due, the whole sum of holder of this note. Interest after mail united States. Each maker will be just a property of the part of	of principal and accrued inter- lurity will accrue at the rate in intly and severally liable and i	est shall become immodicated above. Princi consents to renewals	nediately due, without noti- pal and interest are payabit replacements and extensi	ce at the option of the e in lawful money of the ons of time for payment
hereof before, at or after maturity, an person who signs this note agrees II action be instituted on this note, the	nat recourse may be had again	ist his/her separate (property for any obligation i	contained herein If any
MAKE ALL PAYMENTS	AT MT. HOPE CEME	TERY OFFICE	Mailin	g Address

-E5916

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT				SEX	DATE OF BIRTH	DATE OF DEATH		
Tyrpne Hall, Jr.				Male	Feb. 9, 19	86 May 11, 19	May 11, 1986	
PLACE OF DEATH—C	TY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego				S OF SPOUSE OR OTHER INFORM		
NAME OF FUNERAL D	MRECTOR (OR PERSON ACTING AS SUCH) deteon—Ragsdale Mortu		CALIFO	RNIA LICENSE NUMBER	217 S. San	n Jaciato Drive . CA 92114	Nice	
	TYPE	OF PERMIT. CHECK ONLY	ONE OF THE FO	LLOWING TYPES OF DISP	POSITION			
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		IND BURIAL				
3. CREMATION CEMETERY	AND DISPOSITION OTHER THAN IN A	(INCLUDES IN		000100010000	-		00000 66 00 0	
4. SCIENTIFIC USE		☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
	URPOSE OF ISSUING THIS PERMIT. DISINTERMENTION. COMPLETE EACH ITEM REQUIRED FOR TH						85	
BURIAL Mt. Hope Cemetery;	NAME AND ADDRESS OF CEMETERY WH		CIL TO SERVICE TO SERV			COUNTY		
			San Diego,		San Diego			
CREMATION	name and address of crematory w	SIGNATURE OF PER	RSON IN CHARGE OF CREMATORY	111				
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	n/a	RELINE. OR OTHER DE	SCRIPTION SUI	FICIENT TO IDENTIFY				
ACKNOWLEDGMENT OF APPLICANT	CKNOWLEDGMENT OF This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code,					SIGNATURE OF APPLICANT DATE SIGNED		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS),			
LOCAL REGISTRAR	THIS PERNIT IS ISSUED IN ACCORDANCE WITH PP THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	OF FEE PAID	DATE PERMIT ISSUED 1AY 1 6 1986		A REGISTRAR ISSUING PERMIT	m	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON. (ENTER DATE) 2 3 1986							

COPY 2

INTERMENT ORDER

City of San Diego

	Δ.	Dar	6 5/23	186
You are hereby authorized and instruc	cted, subject to y	our rules and re	egulations, to inte	r the remains
of Cassel	Dode	view	18	
ina Is. Vanlot B	e Demeral, d	late, time	m 5/27	- Tues
Church, Chapel, Graveside	2 + bu	C. R	egslele	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regul	lar work day or a	an extra charge v	vill be applied
and billed to undersigned. War time v	veteran NO	-04		
Lot 39 Grave 8 Row	vSe	ction 2	Division/Bloc	x_//
Grave space & Care Fund	Ret: NOOCO			2508
ATTANDONIA SERVICE CITED INCOME DES RESOURCES	* * * * * * * * * * * * * * * * * * * *			
Additional spaces and care fund				22 00
Spening/Closing & Setup		<i>ξ</i> –	1000	10000
Handling Fees	to	, to	1450	14500
Flower vases - Marker setting fee	Mary	inverse		2/10
Recording and filing fee	BOO	=13		(117)
Sales taxes			# 200	000
Sutt Hall - The		Total Due	· 026	. 8 36-
464-6363	Paid receipt n	umber	- Vimos	-
The state of the s			Belence due	
I hereby certify I am the and this is your authority to make dis that I have the right to make this authority on account of said authority on account of said authority.	orization and I as	gree to hold Mt.		and represent
I hereby authorize the interment in lo	at I	X6de	TO ST	Hall
		12027	Magke	- DC
Signature of recorded holder of deed	7	State	920	45 Zip Gode
		Tolograma 4	64 63	63
ULANT SOCIETY ON	, i	Invoice #	04357	76
Work Order # E 5917	-	Acct. #	21743	6

W.O. NO. F5917

NOTE-STRAIGHT

0. 2 5 00	NOIL O	i i i Ai Gi	.1 0:	40
: 856 -	San Diego,	., California,	May do	1986
	days after dat	e, for value received, the	undersigned maker(s) p	romise(s) to pay to
Mt. Hope Cemetery	or San Diego City 1	Treasurer		
				, or order
al 3751 Market St.,	San/Diego, CA 92107	2 0 - SM	7	
the sum of	Hendred fifty	De a	100	DOLLARS,
with interest from	flene day, the	186	on the unpaid prin	cipal at the rate of
12 per cent per an	84950V0 M-651=590350 1-5		N S HOUSE IN V	20 No.
Should interest not be paid wh interest when due, the whole sum	en due, it shall thereafter bear lit of principal and accrued interest			
holder of this note. Interest after ma United States. Each maker will be ju	iturity will accrue at the rate indica	ated above. Principal and	interest are payable in la	ewful money of the
hereo! before, at or after maturity, at person who signs this note agrees t	nd waives presentment, demand a	nd protest and the right to	assert any statute of lim	itations. A married
action be instituted on this note, th		such sum as the Court	pay fix as attorney's fee	
)		x Edu	20 J. C	Abole_
MARE ATT DAVMENTS	AT MT HODE CEMETER	DV AFFICE	Mailing A	ddress

E5917

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT					SEX	DATE OF BIRTH	EASTERN	DATE OF DEATH		
Cas	sell Delembert Sevie	r			FEmale	Dec. 17,	May 21, 1986			
PLACE OF DEATH-C	CITY OR TOWN	PLACE OF	DEATH-COUNT	Y (ORSTATE)	F NOT IN CALIFORNIA)			DUSE OR OTHER INFORMANT		
San	Diego	Sai	n Diego			Edith Joy				
NAME OF FUNERAL	DIRECTOR (OR PERSON ACTING AS SUCH)			CALIFOR	NIA LICENSE NUMBER	2029 Siegle Drive				
And	lerson-Ragsdale MOrt	uary		1 1	329	Semon Gro	ve, CA	92045		
	TYPE	OF PERNET,	CHECK ONLY ON	OF THE FOL	LOWING TYPES OF DISPO	SITION		100		
M 1. BURIAL (IN	ICLUDES ENTOMBMENT)		☐ 5. DISINTERMENT AND BURIAL (INCLUDES ☐ 8. DISINTERMENT AND REINTERMENT OF CRE ENTOMBMENT) ☐ 8. DISINTERMENT AND REINTERMENT OF CRE REMAINS (INCLUDES INURNMENT)							
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	□ 6 DE	SINTERMENT. CR	FMATION, AN	ID BURIAL					
☐ 3. CREMATION	N AND DISPOSITION OTHER THAN IN A	CIII	NCLUDES INURNA	MENT)						
4. SCIENTIFIC	USE		SINTERMENT, CRI		ID DISPOSITION			MATED REMAINS AND HAN IN A CEMETERY		
			Contract to be selected to the			nive sellise		Manager Land		
	URPOSE OF ISSUING THIS PERMIT. DISINTERME ITION. COMPLETE EACH ITEM REQUIRED FOR T									
7,000,000	NAME AND ADDRESS OF CEMETERY W						COUNTY	COLUMN TOWN		
BURIAL	Mt. Hope Cemetery;	3751	Market S	treet,	\$an Diego,	CA	Sar	n Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY	WHERE REMA	INS ARE TO BE	REMATED	DATE CREMATED	SIGNATURE OF P	RSON IN C	CHARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY V	VHERE REMA	INS ARE TO BE	INTERRED			COUNTY			
BURIAL AT SEA	ADDRESS. NEAREST POINT ON SHO	RELINE. OR	OTHER DESCRI	PTION SUFF	ICIENT TO IDENTIFY	FINAL PLACE AND	COUNTY	OF DISPOSITION		
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	m/a			1						
	This is to certify that I am the p	erson havin	g the right to	control the	disposition of the	SIGNATURE OF A	PLICANT			
ACKNOWLEDGMENT	remains of the above named de-		T-0 (8) T-0		16/20/20 16/1/19	>				
OF APPLICANT	and I hereby acknowledge that this permit gives no right of un			BACK TOWNS TO THE LOCAL PROPERTY OF THE PARTY OF THE PART		DATE SIGNED				
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS									
USE	n/a				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH I THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED II	AND IS THE	\$3.00	EE PAID	AY 2 7 1986	SIGNATURE	CANT	Const M.D. mon		

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 07/18/86 DATE: 07/18/86 TIME: 230034 PAGE: 6

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

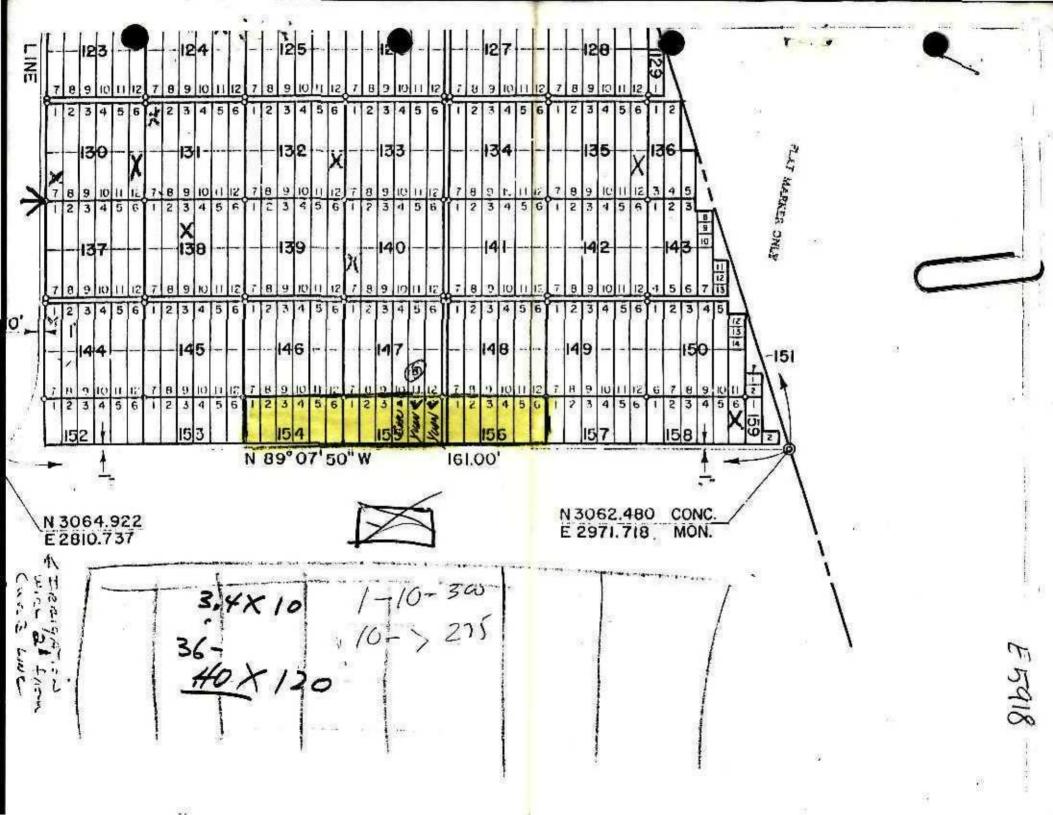
NO	INV	ACCT NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	PAYM DATE DATE OPER	BY	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
04 35 76	06/03/86 E5	917	EDITH J. 100 100 100 100 60101 67007	HALL 072 072 072 072		77181 77182 77183 77184 9020 77184	07/15/ 000072 000072 000072 000072	'86 CK 1	01	856.00 320.00 100.00 180.00 200.00 6.00 50.00	856.00	PAID IN FULL

INTERMENT ORDER

City of San Diego

Que 1 Date 5/23/86
section your rules and regulations to infer the remain second date, time
; Mortuar
of regular work day or an extra charge will be applied
Section 2 Division/Blook // 275 oc 4950 sum about
ETERY
10000
Total Due
ceipt number 35380 7910
Balance due
of the above named deceder of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from interment.
Silling .
Address
State Tip Co
55,000,000
Telephore
Invoice #

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33380
•	From Chinese Onsolds Four Pleman Trin Its In Sull Payment of 18 Chinese Mon. Of Lot 154-155-156 Grave	the Branches 428-34 July Grave Span Pre	Dollars (\$ 49.50 00) hard about the
•0	invoice No. Acct. No. F 5918 Unpaid Balance after this Payment	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" INTHIS SHOP INT	CREDIT 87007 990 00 20% Sales Care 77184 990 00 00 00 00 00 00 00 00 00 00 00 00
	Pre-Need At Need On Acct Cash AC-212 (New 8-85)	Sour Stole	Recording faces or 100 misd, services faces 77183 80101 8020 TOTAL PAID 4950 00



INTERMENT ORDER

City of San Diego

560 8	1	
7	nhy	-
1	wy	1
	U	

Date 05-23-86

- 0		2070	Manager -		
You are hereby authorized an	nd instructed, sub	ject to your rules and	egulations	to inter th	e remains
of Ball	sion	1. Care	100	Slan	2:00
in a Alley	Fu Fu	neral, date, time	eca -	100	00.00
Church, Chapel, Graveside .	\rightarrow	: Da	gsa	ace	Mortuary.
All Funeral cars must arrive	before 3:30 p.m.	of regular work day or	an extra cl	narge will b	beilqqs ec
and billed to undersigned. W	Var time veteran .	y y s ak			102421
Lot 977 Grave	Row	Section/	Divisio	n/ Block	9
				D.GG	anow
Grave space & Care Fund .		X 1 = 7		14	90
Additional spaces and care f	fund	4101			0000
Opening/Closing & Setup .		so wol		/	7000
Buriel Container	MAX	30 1986		峑	3000
Handling Fees	MT. HOP	E CEMETERY			1100
Flower vases - Marker setting	STTY of SA	N DIEGO, CALIF.	• • • • • • • • • •		
Recording and filling fee				<u> </u>	3500
Sales taxes				7	300
1) e. select	20	Total Du			7
5/2	23/8L Paid re	ceipt number <u>55</u>	402	<u>~</u>	990
had allo	tolen	hone	Balanc	e due	0
Innessa Com	2 0-7.	S-S-7-17-10-108-108	200 30		(a)(a)
I hereby certify I am the and this is your authority to			dicated. I		represent
that I have the right to make t any liability on account of sa			Hope Cerr	etery harn	iless from
The sale of the sa					
I hereby authorize the intern hold under deed.	nent in lot i	Signature	W. 197		7.
Signature of recorded holder of deed		Address			
0 10 0 1 00		State			Zip Code
'alled by Ma	nvella	Telephone		114415	
		Invoice #			
Work Order # E 5919	9	Acct. #			

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33402 MOUNT HOPE CEMETERY 264-3151 Dollars (95 Division Grave Section Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Care 90% Sales 77184 Acct. No. of Lots Openings & Service Charges Unpaid Balance Busial after this Payment Containers Recording fees or miss. service fees On Acct At Need 80101 Sales Tax Ck ISSUED BY TOTAL PAID AC-212 (Nev.)

E5919

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT		1 (15 TAX - 15 TAX -			SEX	DATE OF BIRTH	DATE OF DEATH		
		ASHLEY (A CONTRACTOR OF THE PARTY OF TH		Female	May 21, 1986	May 22, 1986		
PLACE OF DEATH-C			PLACE OF		R STATE IF NOT IN CALIFORNIA)		OUSE OR OTHER INFORMANT		
2 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Diego			San Diego		Vanessa R. Col			
	MRECTOR (OR PERSON A			į	california license number 1329	4146 39th St. San Diego, CA	2.7000		
			OF PERMIT, CI	ECK ONLY ONE OF	THE FOLLOWING TYPES OF DISP				
XX 1. BURIAL (IN	ICLUDES ENTOMBMENT	9		NTERMENT AND BUI	RIAL (INCLUDES	S. DISINTERMENT AND R	EINTERMENT OF CREMATED		
☐ 2. CREMATION	AND BURIAL (INCLUI	DES INURNMENT)	☐ 6. DISI	NTERMENT, CREMAT	TON, AND BURIAL				
	AND DISPOSITION OF	HER THAN IN A	(INC	CLUDES INURNMENT)				
CEMETERY ☐ 4. SCIENTIFIC	USE		7 DISI	NTERMENT, CREMAT	TON, AND DISPOSITION ETERY	DISINTERMENT OF CR DISPOSITION OTHER 1			
						ED PLACE OF DISPOSITION TO ANG	4		
10,000	NAME AND ADDRESS	OF CEMETERY WI	HERE REMAINS	ARE TO BE INTERRE	EO	COUNT	A		
BURIAL	Mt. Hope	Cemetery	: 3751 1	farket St.	: San Diego, C	A S	San Diego		
CREMATION	NAME AND ADDRESS	OF CREMATORY V	WHERE REMAIN	NS ARE TO BE CREM	ATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS	OF CEMETERY W	VHERE REMAIN	IS ARE TO BE INTE	RRED	COUNT	DY.		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	N/A	POINT ON SHO	RELINE, OR	OTHER DESCRIPTIO	N SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	OF DISPOSITION		
ACKNOWLEDGMENT OF	T 60 0.000007240		100		rol the disposition of the Health and Safety Code,	SIGNATURE OF APPLICANT			
APPLICANT	TO SUBJECT CONTROL OF THE PARTY		CACASS TO STATE OF THE STATE OF	nuisance laws ap ess to property no	oply and understand that it owned by me.	DATE SIGNED			
SCIENTIFIC USE	NAME AND ADDRESS	OF FACILITY REC	EIVING REMAIN	15					
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALT AUTHORITY FOR THE DIS	H AND SAFETY CODE	AND IS THE	\$3.00	MAY 2 7 1986	SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE S	SPECIFIED DISPOS	ITION WAS MA	DE ON.	MAY 2 7 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.

INTERMENT ORDER

City of San Diego

Date 05-23-86

of CAUCALINE THE	ine	95
in a Funer	ral, date, time Wed, 7	28 10
Church, Chapel, Graveside Deliver	y Carroll's	Mortuar
All Funeral cars must arrive before 3:30 p.m. of Y	egular work day or an extra charg	e will be applie
and billed to undersigned. War time veteran		
of 115 Grave 12 Bow	24	11
Lot Grave Row	_ Section Division/B	lock
Grave space & Care Fund		2500
Additional spaces and care fund		
Opening/Closing & Setup		2000
Buriel Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee	TO CHATTER A POST AND A PARTY	(\$15) × × ×
Sales taxes		"Itono
v (ned	Total Due	700
Day an Mooded Paid race	ipt number	
Pain Needed Paid racei	ipt numberBalance de	ле <u> </u>
	Balance de	1000 100
I hereby certify I am theand this is your authority to make disposition of	Balance do	named dacede
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization an	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named dacede
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization an	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named dacede
I hereby certify I am the	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named dacede
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I hereby certify I am the	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named decede ify and represe ry harmless fro tate of France
I hereby certify I am the	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named decede ify and represe ry harmless fro tate of France
I hereby certify I am the	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named dacede
I hereby certify I am the	Balance do of the above remains as above indicated. I cert id I agree to hold Mt. Hope Cemete	named decede ify and represe ry harmless fro tate of France

E5920

PERMIT FOR DISPOSITION OF HUMAN REMAINS

			Tarr	Lancas	Laverine and the Control of the Cont			
			1000000		DATE OF DEATH			
CITY OR TOWN	83.625.234.644.04	May 23, 1986 POUSE OR OTHER INFORMANT						
DIRECTOR (OR PERSON ACTING AS SUCH)			ALTERNATION OF THE PROPERTY AND ADDRESS OF THE PARTY OF T	5201-A Ruffin Rd San Diego, CA 92123				
TYPE	OF PERMIT. CI	HECK ONLY ONE OF THE	FOLLOWING TYPES OF DISP	OSITION				
NCLUDES ENTONBMENT)			(INCLUDES	8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)				
N AND BURIAL (INCLUDES INURNMENT)	G 6. DISE	NTERMENT, CREMATION.	TION AND STIPLAT					
n and disposition other than in a			2017/2017/07/07					
	7. DISI	NTERMENT, CREMATION.	AND DISPOSITION	9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				
					ANNOUNCE SEATERS CONTRACTOR			
NAME AND ADDRESS OF CEMETERY WH	ERE REMAINS	соли						
			11	10000	CHARGE OF CREMATORY			
NAME AND ADDRESS OF CEMETERY W	HERE REMAIN	S ARE TO BE INTERRED		COUNTY				
Not Applicable	RELINE. OR	OTHER DESCRIPTION SU	FFICIENT TO IDENTIFY	FINAL PLACE AND COUNT	Y OF DISPOSITION			
remains of the above named deci and I hereby acknowledge that t	edent under resposs and	provisions of the Hea nulsance laws apply	ith and Safety Code, and understand that					
NAME AND ADDRESS OF FACILITY RECE NOT Applicable	IVING REMAIN	ts		in City				
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PE		\$3.00	DATE PERMIT ISSUED 5-27-86	SIGNATURE OF LOCAL PER	ISTRAS ISSUING PERMIT			
AUTHORITY FOR THE DISPOSITION SPECIFIED IN	THIS PERMIT	40.00		SIGNATURE/OF PERSON I	Comments Party (
	DIRECTOR (OR PERSON ACTING AS SUCH) S MORTULARY TYPE NCLUDES ENTOMBMENT) N AND BUREAL (INCLUDES INVENMENT) N AND DISPOSITION OTHER THAN IN A USE UNPOSE OF ISSUING THIS PERMIT DISINTERMED INTON. COMPLETE EACH ITEM REQUIRED FOR THE NAME AND ADDRESS OF CEMETERY WH Mt. HOPE Cemetery — NAME AND ADDRESS OF CEMETERY W NOT Applicable NOT Applicable This is to certify that I am the per remains of the above named dec and I hereby acknowledge that I this permit gives no right of unity NAME AND ADDRESS OF FACILITY RECE NOT Applicable	DIRECTOR (OR PERSON ACTING AS SUCH) S MORTUARY TYPE OF PERMIT. C. S MORTUARY TYPE OF PERMIT. C. S DISS NOTE OF SURVEY TO SURVEY AND BUREAL (INCLUDES INVENMENT) N AND DISPOSITION OTHER THAN IN A USE URPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED ATTOM. CONPLETE EACH ITEM REQUIRED FOR THE TYPE OF PER NAME AND ADDRESS OF CEMETERY WHERE REMAINS Mt. Hope Cemetery — 3751 M. NAME AND ADDRESS OF CREMATORY WHERE REMAINS NOT Applicable NAME AND ADDRESS OF CEMETERY WHERE REMAIN NOT Applicable This is to certify that I am the person having remains of the above named decedent under and I hereby acknowledge that tresposs and this permit gives no right of unrestricted accounts.	DIRECTOR (OR PERSON ACTING AS SUCH) S MORTULARY TYPE OF PERMIT CHECK ONLY ONE OF THE IS DESINORMENT) Y AND BURIAL (INCLUDES INURNMENT) AND DISPOSITION OTHER THAN IN A USE URPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HURAN IN THOM. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND IN HOPE CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. HOPE CEMETERY WHERE REMAINS ARE TO BE INTERRED NOT Applicable NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NOT Applicable ADDRESS, NEAREST POINT ON SHORELINE. OR OTHER DESCRIPTION SU NOT Applicable This is to certify that I am the person having the right to central transmins of the above named decedent under provisions of the Head and I hereby acknowledge that trappess and nulsance lows apply this permit gives no right of unrestricted access to property not ow NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NOT Applicable	PERMALE STY OR TOWN San Diego DIRECTOR (OR PERSON ACTING AS SUCH) TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISP NCLUDES ENTOMBMENT) TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISP NCLUDES ENTOMBMENT) TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISP NCLUDES ENTOMBMENT) TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISP NCLUDES ENTOMBMENT) TO DISINTERMENT AND BURIAL (INCLUDES NAME AUGUST INVENTMENT) TO DISINTERMENT. CREMATION. AND BURIAL (INCLUDES INVENTMENT) TO DISINTERMENT. CREMATION. AND DISPOSITION OTHER THAN IN A CEMETERY UNPOSE OF ISSUING THIS PERMIT. DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NOT Applicable ADDRESS, NEAREST POINT ON SHORELINE. OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY NOT Applicable This is to cartify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposs and nulsance lows apply and understand that this permit gives no right of unrestricted access to property not owned by me. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NOT Applicable	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAID DIAGO NAME AND ADDRESS OF SPUBLIC Adminis 5201—A Ruffin SAID DIAGO TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DESPOSITION TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DESPOSITION OCCUDES ENTONBMENT) NAME AND BURIAL (INCLUDES MURNMENT) NAME AND DISPOSITION OTHER THAN IN A USE OTHER THAN IN A OTHER THAN IN A OTHER THAN IN A CEMETERY HAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NOT APPLICABLE ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NOT APPLICABLE This is to certify that I am the person having the right to central the disposition of the remains of the above named decedant under provisions of the Moeth and Suffey Code, and Invastry and Invastry and Invastry and Invastry This is to certify that I am the person having the right to central the disposition of the remains of the above named decedant under provisions of the Moeth and Suffey Code, and I be person and nulsance lows apply und understand that that this permit gives no right of uncerticled eccess to property not owned by ms. NOT Applicable NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NOT Applicable This is to certify that I am the person having the right to central the disposition of the remains of the above named decedant under provisions of the Moeth and Suffey Code, and I heavely acknowledge that tresposes and nulsance lows apply und understand that NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NOT Applicable This is no certify that I am the person having the right to central the disposition of the remains of the above named decedant under provisions of the Moeth and Suffey Code, and I heavely acknowledge that tresposes and nulsance lows apply und understand that NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NOT Applicable			

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

PAID INVOICE REPURT BY DEPARTMENT AS OF 06/23/86

DATE: 06/23/86 TIME: 222212 PAGE: 8

DEPARTMENT 072

TOTAL AMOUNT PAID

PROPERTY DEPT-MT HOPE CEMETERY

NO NO	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	Acres 1 Torontono A	ACCT	J/0	PAYM DATE OPER		PAYM REF NO FACILI		INT PAID	AMOUNT	BILLED	0.000	PAID LANCE
043588	06/03/86	000952	100 100 67007	SAN 072 072		77181 77184 77184	0000		5 CK 1	40260	100	400.00 177.78 177.78 44.44		450.00	PARTIAL	50.00 PAYMENT
NUMBER	OF INVOICE	CES PAID	6	1												

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 € 5920

PAID INVOICE REPORT BY DEPARTMENT AS OF 10/30/86 DATE: 10/30/ TIME: 222833 PAGE: 3

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV	INV	ACCT	CUSTOMER FUND	NAME DEPT		ACCT	1510	DATE OPER	BY BN/	PAYM REF NO EQ FACILI	AMOUNT PAID	AMOUNT BILLED	UNPA 1D BALANCE
043588	06/03/86	000952	COUNTY DF 100 100 67007	5AN 072 072	MY. P	77181 77184 77184	0000		CK	144611	50.00 22.22 22.22 5.56	4 50 • 0 0	PAID IN FULL

INTERMENT ORDER

City of San Diego

Date 05-26-86

B100 -	rege !	111 5/27 Bu
Church, Chapel, Graveside	uneral, date, time	agedale Mortu
All Funeral cars must arrive before 3:30 p.m	of regular work day	1
and billed to undersigned. War time veteran	S OUCL-ON CHUNK INTO A CHARMING	or arrowing oriende sum ac appr
Lot <u>470 7</u> Grave Row	Section	Division/Block_/C
Grave space & Care Fund	*************	695
Additional spaces and care fund		
Opening/Closing & Setup	DALE	320
Burial Container	AIL	100
Handling Fees	MAY 25 19	145
Flower vases - Marker setting fee		
Recording and filing fee	of San Diego. C	35 35
Sales taxes		6
	Total	Due 1301
5-25-86 Paid	receipt number <u>3</u>	3384 1301
0 20 12		Balance due O
mett.		
I hereby certify I am the	n of remains as above	of the above named deced a indicated. I certify and repres
that I have the right to make this authorizatio any liability on account of said authorization	n and lagree to hold l	Mt. Hope Cemetery harmless for
Maria Maria	P .	1111
	101111	al N. Leuntar
I hereby authorize the interment in lot I hold under deed.	Signature	/ Francisco No.
I hereby authorize the interment in lot I hold under deed. Lawel H. Munky	Address	DIENCINA Dri
	Address SAN Same	Diego, Ca 92114
	Address St. N. Same (G19)	
	Address HN State (6/9) Tetephone	

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33384 CANARY...... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 80% Seles Acct. No. of Lots Openings & Service Charges 77181 Unpaid Balance **Buriet** 77182 after this Payment Containers Recording fees or misc, service fees 77183 On Acct 9020 Sales Tax Cash ISSUED BY_ TOTAL PAID AC-212 (Rev. 8-85)

E5921

PERMIT FOR DISPOSITION OF HUMAN REMAINS

			Free	T page to be to be	T silver as access	
NAME OF DECEDENT	The state of the s		SEX	DATE OF BIRTH	DATE OF DEATH	
	DONALD CARLY	E WADE, JR.	Male	Oct. 11, 195	The same of the sa	
PLACE OF DEATH-C		PLACE OF DEATH—COUNTY		NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT	
San Di		San	Diego	Louise Dunb	ar - Mother	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	DIRECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER	5506 Encina		
Ande	erson-Ragsdale Mortua	ry	1325	San Diego,	California 92114	
	TYPE	OF PERMIT. CHECK ONLY ONE	F THE FOLLOWING TYPES OF DISP	POSITION		
I. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BENTOMBMENT)	FURIAL (INCLUDES	B. DISINTERMENT AND REMAINS (INCLUDE	REINTERMENT OF CREMATED ES INURNMENT)	
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT, CREM	ATION, AND RUPIAL			
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNME				
CEMETERY		☐ 7. DISINTERMENT. CREM	ATION. AND DISPOSITION		CREMATED REMAINS AND	
4. SCIENTIFIC	USE	OTHER THAN IN A CE	EMETERY	DISPOSITION OTHE	R THAN IN A CEMETERY	
FOR THE PL	URPOSE OF ISSUING THIS PERMIT, DISINTERMEN	T IS DEFINED AS THE REMOVAL OF	HUMAN REMAINS FROM ONE SPECIF	ED PLACE OF DISPOSITION TO	ANOTHER SPECIFIED PLACE	
OF DISPOSE	TION, COMPLETE EACH ITEM REQUIRED FOR TH	E TYPE OF PERMIT SPECIFIED ABOV	E AND INVALIDATE EACH LINE NOT	REQUIRED FOR THE SPECIFIED O	USPOSITION.	
BURIAL	NAME AND ADDRESS OF CEMETERY WHI		19 (94) 17 (19)	BUTTERSON VALUE	UNITY	
BURIAL	Mt. Hope Cemetery:				San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CR	EMATED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WI	HERE REMAINS ARE TO BE IN	TERRED	co	UNTY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	ELINE, OR OTHER DESCRIPT	TON SUFFICIENT TO IDENTIFY	FINAL PLACE AND COU	NTY OF DISPOSITION	
	This is to certify that I am the pe	rson having the right to co	atroi the disposition of the	SIGNATURE OF APPLICA	NT	
ACKNOWLEDGMENT OF	remains of the above named deci	dent under provisions of ti	he Health and Safety Code,			
APPLICANT	and I hereby acknowledge that t this permit gives no right of unre			DATE SIGNED		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEINA	VING REMAINS				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE 3 OO	MAY 2 7 198	SIGNATURE OF LOCAL	Comes M.D.MM	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TION WAS MADE ON	MAY 2 7 198	SIGNATURE OF PERSON	IN CHARGE OF DISPOSITION	
OF DISPOSITION	Y THE PERSON IN CHARGE OF THE CEMETERY	SUAL DUDANT SUA	(ENTER DATE)		WHERE THE REMAINS ARE CREMATED, O	

INTERMENT ORDER City of San Diego -26-86 You are hereby authorized and instructed, subjectly your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside . Mortuery. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran . Grave space & Care Fund ... Additional spaces and care fund Opening/Closing & Setup Burial Container Flower vases - Marker setting feb CITY of SAN DIEGO, CALIF Recording and filing fee ... 25-86 Paid receipt number I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interments I hereby authorize the interment Invoice # Work Order # Acct. #

11283

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 264-3161	nk not Printed- No Date: 05-	33385 5 .19/16
	In Act No. Acct No. Unpaid Balance after this Payment 39500	ROW_S NOT VALID FOR PURPOSE STATED UNLESS STAMPED MAY 20 PURPOSE MAY 20 PUR	ection - 67007 CREDET 67007 20% Seles Care 77184 BO% Sales Care 77184 Copenings & 100 of Lots 77181 Burist 100 Contineers 77181	Division 10
	Pre-Need At Need On Acct Cash Ac-212 (Rev. 8-85)	ISSUED BY BI HANG	Containers 77182 Recording fees or 100 misc, service fees 77183 Sales Tax 8020 TOTAL PAID 6	300 00

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMAINY CEMETERY CAMAINY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CAMAIN METAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº,	33519	
From R. Phillips Fire Sendul henty	gui at molos Toobys	Date: 7 7 9 Dollars (\$	3950	9.
Lot 4705 Grave_		CREDIT 67007 20% Sales Cara 77184	Division /	0
Acct. No. W.O. E - 5922 Unpeid Belance after this Payment	NOT VALDE A THIP DE STATED UNLESS STAMPED PAID IN THIS DEALE AUDITOR	80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Suriel 100 Containers 77182	256	00
Pre-Need At Need On Acct O	ISSUED BY LEGALITHE	Recording loss or 100 100	395	0

INTERMENT ORDER ereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 www 2 - aus Division/Bloc Grave space & Care Fu Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees Flower vases - Marker Recordi NOV 1 8 1986 Total Due id receipt number of the aboye named and this is your authority to make disposition of remains as above indicated. I derify that I have the right to make this authorization and I agree to hold Mt. Hope Certain any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zip Code Invoice # Work Order # **E** 5923 PY-693 (REV. 8-6)

#395.00 Bro. Formard -8/12/86 # 33641- 100,00 #295.00 9-15-86 33743 1000 \$ 19500 10-13-86 33834 11-18-86 33943 95.00

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº	33386
	H. White	Address 2866 Webs	tu 1)	10000
• - 7	in Part Payment of Chil	norther - Can be Do	- Dollars (8	
	Lot 82 Grave 5	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Seles Cers 77184	Division 7 Block
	W.O. E-5923 Unpaid Balance 495°C	MAY 6- HER	90% Sales 100 of Lists 77184 Openings & 100 Service Charges 77181 Burish 100 Containers 77182	/0000
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VISITED IN	AC-212 (Rev. 8-85)	SSUEDWALLTS	TOTAL PAID .	100 00

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In Payment of Cas		Section 14	Division 7
Invoice No. Acct. No. 1 W.O. E-5913 Unpeid Relance 39500 after this Payment 3952	NOT VALUE FOR PURPOSE STATED UNLESS STAMPED PAID WITH SPACE. AUDITOR JUL 28 1985 921	Openings & 100 Service Charges 77181 Burisl 100 Containers 77182	100 00
Pre-Need At Need On Acct Ck Cash AC	Segen State	Recording Sees or 100 misc, service Sees 77183 80101 8020 TOTAL PAID 6	100 00

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6	WHITE TO CUSTOMER CANARY CEMETERY AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº	33641
	From Heyskial W	Lite ADDROSS 2866 Webs	tu 20	72/13
-	In Payment of Bu	heed on see -E-	5923 Dollars (\$	100-
-12	Lot 82 Grave Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	Division 7
	Acet. No	001655 CITY AUD	80% Sales 77184 - 100 38 - 100 38 - 100 77181 - 100 38 - 100 77181 - 100 38	100 00
0	Pre-Need At Need On Acct	D 1000	Burial 77182 77182 80101 Sizies Tax 9020	=
	Ck Cash (AC 212 (Rev. 8-95)	1550ED BY LOYUNGER	TOTAL PAID .	100 00

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33834 MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3151 Division NOT VALID FOR PURPOSE STATED LINEESS STAMPED "PAID" IN THIS SPACE. Invoice No CITY AUDITOR Acct. No Openings & 77181 OCT 1 6 1986 Unpeid Balance 100 after this Payment Recording less or On Acct At Need ISSUED BY TOTAL PAID AC-212 (Rev. 8-85)

· 6-24 Desige - 55923 I don't find a lot card that goes with this Jearge Sard make up new card!

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY
PINKAUGITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK	MOUNT HOPE CEMETERY		
	16+ 2011	Date: 11-18 19.	86
From Ylegekian (1)	and notice	Ler Na Sala 9511	=
In full Payment of	nelit lot cale		
Lot 82 Green	e 2 Row 8	Section / 4 Division 7	7
Invaice No.	NOT VALID FOR MURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 87007 19 6	00
W.O. E -5923	NOV 24 1986		
BALANCE DUE		Hendling Fee 77183 Recording & 100 Misc. Fee 77183	
Pre-Need Lot At Need On Ac	0 P Jane	Pre-Need 83033 Trust 0022 Sales Tax 60101 76390	_
AC-212 (Rev. 11-85)	ISSUED BY	TOTAL PAID 95 0	0

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33743
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	One Handud o in Defaul Payment of P	a hel puebar	Dollare (* 100 20
9.1	Lot 82 Grave	(43) Row S	ection 14 Division 7
	Invoice No.	MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184
	Acct. No.		80% Sales 100 /00
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	and the rayment		Recording face or 100
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AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26 day of May, 1986,
between A White , 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 exclu-
sive right of interment in: Lot 82, Grave Row, Section
14, Block/Division 7, located in Mt. Hope Cemetery, for and in
consideration of a total purchase price of \$59500, payable as follows:
\$ 100 cash herewith, the receipt of which is hereby acknowledged;
\$ 10000 on the 10 day of July , 1986; and the
\$ 100 00 cash herewith, the receipt of which is hereby acknowledged; \$ 100 00 on the 10 day of 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 INTER-
MENT 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.

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.

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Deed	to b	e issued	to:		Name	
					Address	
				PURCHASER		
				X Hegelia	h'white	
				2866	Webster as	Te.
				Son Street	Address/(Mail)	91/13
				City	State	91/13 Zip Code
				CITY OF SAN DI	EGO	
			120	Mt. Hope Cemet	eryy) O 1 -	1

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5/26/86

You are herebauthorized and instructe	ed, subjectito your rules and regulations, to inter t	he remains
of Seorge VMN	reaves,	
ine Bell Levier	_ Funeral, date, time Ex. 530/86	12PM
Vault/Liner Qu	weil. Rassalle	Mortuary.
		March 1 100 100 100 100 100 100 100 100 100
	0 p.m. of regular work day or an extra charge will	oe applied
and billed to undersigned. War time ver	teran WWZ-	20
Lot 78 Grave Row	Section 2 Division/Stack.	//_
	en 1	25000
Grave space & Care Fund	5. 2 0 13-0- Q2A	100
Additional spaces and care fund B		2200
Opening/Closing & Setup	S	3000 -
Burial Container		100-
Handling Fees	0-1-0	45
Flower vases - Marker setting fee	etting D. I -	DO S
Recording and filing fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35 %
Sales taxes		600
20 Am Ans	Total Due 9	786 2
3684-4	Paid receipt number	
	Balance due _	
. 10	1	
I hereby certify I am the	of the above name	ed decedent
and this is your authority to make disp that I have the right to make this authori any liability on account of said authoriz	sition of remains as above indicated. I certify an ization and I agree to hold Mt. Hope Cemetery ha zation and interment	d represent rmless from
	Kun Ha	11111
I hereby authorize the interment in lot hold under deed.	5851 Duluth	Auc
Signature of recorded holder of deed	San Dieso, Ca- 92	21121
	2626867	Zip Code
	14358	6
Work Order # E 5924	Invoice #	2
Work Order # 5344	Acct. #	·

W.O. NO. E-5924

NOTE-STRAIGHT

. 9862	San Diego, California.	May 26 1986
	days after date, for value re	eceived, the undersigned maker(s) promise(s) to pay
Mt. Hope Cemetery or	San Diego City Treasure	er
4-10-11-1		, or order
at 3751 Market St., Sa	n Diego, CA 92102	
the sum of nine them	du Eight six a	DOLLARS.
with interest from	-27,19860	on the unpaid principal at the rate of -
12 per cent per annum	n, payable on demand	
interest when due, the whole sum of p	rincipal and accrued interest shall become	s the principal. Should default be made in payment of immediately due, without notice, at the option of the Principal and interest are payable in lawful money of the
United States. Each maker will be joint!	y and severally liable and consents to renew	wals, replacements and extensions of time for payment
person who signs this note agrees that	recourse may be had against his/her separ	d the right to assert any statute of limitations. A married rate property for any obligation contained herein. If any
action be instituted on this note, the ut	ndersigned promise(s) to pay such sum as	Sessie Clanes
		251 Duly 1/2, Due: 5/
MAKE ALL PAYMENTS AT	MT. HOPE CEMETERY OFFIC	CE Mailing Address 92//

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Description of Descrip	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181 Address 585 Au Address 585 Au Limited Feet San Stan	Nº 33461 16/86 19 July 14 Dollars 10 9862,
	Lot 98 Grave	/	Section 2 Division //
	Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 77184 0f Loss 77184 Openings & 100 Sanvise Charges 77181
•	Pre-Need At Need On Acct Accel 2 (New 2005)	PAID 13	Burist 100

CITY TREASURER

5719506/19/86 986.00 WATER 5719506/19/86V0 986.00-WATER 5719506/19/86 986.00 INVS 06/19/86 5719 5 966.00- CH 06/19/86 5719 5 .00 BA

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT				SEX	DATE OF BIRTH	DATE OF DEATH	
George	Reaves			Mala	C 13	100/ 4 01 100/	
PLACE OF DEATH-C		PLACE OF DEA	ATH-COUNTY YOR STA	TE IF NOT IN CALIFORNIA)	NAME AND ADDRESS	of spouse or other Mforman	
San DI	ego	San Diego CALIFORNIA LICENSE NUMBER		Passus Dan			
	IRECTOR (OR PERSON ACTING AS SUCH)			Bessye Rea 5851 Dulut			
Anders	on-Ragsdale Mortuary		1	1329	SAn Diego		
	The second second	OF PERMIT, CHEC	K ONLY ONE OF THE I	POLLOWING TYPES OF DISP	THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Un 32111	
I. BURIAL (IN	CLUDES ENTOMBMENT)		ERMENT AND BURIAL BMENT)	(INCLUDES		AND REINTERMENT OF CREMATED	
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	C 6 DISINTS	ERMENT, CREMATION.	AND BURIAL			
3. CREMATION	AND DISPOSITION OTHER THAN IN A		DES INURNMENT)	AND DOMME			
CEMETERY 4. SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
	JRPOSE OF ISSUING THIS PERMIT. DISINTERMENT TION. COMPLETE EACH ITEM REQUIRED FOR TH						
W2990000	NAME AND ADDRESS OF CEMETERY WH	ERE REMAINS AF	RE TO BE INTERRED			COUNTY	
BURIAL	Mt. Hope Cemetery:	3751 Mar	rket Street	San Diego.	CA	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			M ¹		COUNTY	
BURIAL AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY F CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	RELINE. OR OT	HER DESCRIPTION SI	JFFICIENT TO IDENTIFY	FINAL PLACE AND	COUNTY OF DISPOSITION	
CKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposit			olth and Safety Code, and understand that	SIGNATURE OF APPLICATION OF APPLICAT	LICANT	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS					
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PA THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$3.00	MAY 2 9 1986	Darall.	A REGISTRAR ISSUING PERMIT	
CERTIFICATION IF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TION WAS MADE	ON	MAY 3 0 1986	SIGNATURE OF PER	SON IN CHARGE OF DISPOSITION	
VDY 2 IS DETAINED BY	Y THE PERSON IN CHARGE OF THE CEMETERY	WHERE THE HIM			COURSE OF THE COURSE	TODY WHERE THE DEMANDE AND CREWAT	

100 100 10	072 7/182 072 77183	06/16/86 CK 3724 000072 000072 000072	986.00 326.00 100.00 310.00 200.00 6.00 50.00	936 .00	PAID IN FULL
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200

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Desse.	C. 1	Date 05-27-86
You are hereby authorized and instructed		regulations, to interthe remains
of Paris	Danies	
ine TS Vault	_ Funeral, date, time 4	Uld. 3/28 12:3
Church, Chapel, Graveside	F4	andale_ Mortuary
All Funeral cars must arrive before 3:30	p.m. of regular work day	or an extra charge will be applied
and billed to undersigned. War time vete	ran	
Lot 488 GraveRow_	Section	Division/Block.
Grave space & Care Fund		Prener
Additional spaces and care fund		
Opening/Closing & Setup		520-
Burial Container		175
Handling Fees	······· 7	71
Flower vases - Marker setting fee		
Recording and filing fee		M
Sales taxes		1050
allos ly	Total D	Jue 910,5
Pro Pr	sid receipt number	
yrone for goodale		Balance due
I hereby certify I am the		of the above named deceden
and this is your authority to make disposithat I have the right to make this authorizationy liability on account of said authorizations.	ation and I agree to hold M	indicated. I certify and represen
I hereby authorize the interment in lot I hold under deed.	Signatura	
to the second se	Address	
Signature of recorded holder of deed	State	Zip Cod
	Telephone	
F FOOT	Invoice #	043584
Work Order # E 5925	Acct. #	017441

MOUNT HOPE CEMETERY

Witness

		**	E5925
ř	OUNT HOPE CEMETE	RY	The state of the s
		21 27	1 1986
		May 21	19 0/0
The undersigned hereby reques	ste and authorize	s the interment of the	he remains of
lessie Davis	in Lot 488 G	rRow	Sec
Mock -	7-3-6.		
Division d in accordance	e with and subjec	t to the rules and re	egulations
governing said interment in	Mount Hope Cemete	ry, and certifies an	d represents
A CONTRACTOR OF THE CONTRACTOR		CALL YEAR OLD PAIN SE	0 %
that he or she has the legal	right to make su	ch authorization and	agrees to
hald Mannt Wass Comptant burn		d all liabilian	
hold Mount Hope Cemetery har	wiese ilom any ar	d all Hability on a	ecount of said
authorization and interment.	to.	mily members	
will dil	52	2 ml 0 n	DI law.
x BALLIMUS		us yegral or	1. Haves (Moller
-3037 / 31/E 21	891	Witte Can	n CA 92107
Signature of relative or leg-	al Addr	ess & relationship t	And the Control of the Land of
representative		ority to sign author	
		The contract of the contract o	
14			
Witness			

NOTE-STRAIGHT

— 30 — Mt. Hope Cemetery or			May 2	r(s) promise(s) to pay to
	WAR PARK SANTAN			, or order
the sum of Sevenhunded	ten as 35/00			DOLLARS
with interest from	28, 1986 payable on deman	nd	on the unpai	d principal at the rate o
Should interest not be paid when of process when due, the whole sum of process of this note. Interest after maturity United States. Each maker will be jointly hereof before, at or after maturity, and with person who signs this note agrees that action be instituted on this note, the uniterest when the process in the process of the proc	rincipal and accrued interestly will accrue at the rate ind y and severally liable and co aives presentment, demand recourse may be had agains	st shall become imme licated above, Principa onsents to renewals, it I and protest and the ri st his/her separate pr	diately due, without not and interest are payable epiacements and extens ght to assert any statute operty for any obligation ourt may fix as attorney applied to a second court may fix as attorney and court may fix and court may fix as attorney and court may fix as a fix as attorney and court may fix as attorney and court may fix as a fix	ice, at the option of the ie in lawful money of the ions of time for payment of limitations. A marrie contained herein, if an

PERMIT FOR ISPOSITION OF HUMAN REMAINS

E5975

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	JULIU- CASTING	DAVIS	SEX Male	7 June 44	DATE OF DEATH 21 May 86
PLACE OF DEATH—		PLACE OF DEATH—COUNTY		Junius E	SS OF SPOUSE OR OTHER INFORMANT DEVISOR TALBET TOTAL
		MIT, CHECK ONLY ONE OF			
2 CREMATIO	ICLUDES ENTOMBMENT) IN AND BURIAL (INCLUDES INURNMENT)	5 DISINTERMENT AND ENTOMBMENT) 6 DISINTERMENT, CREMINGLUDES INURNIME	MATION, AND BURIAL	REMAINS IING	IT AND REINTERMENT OF CREMATED CLUDES INURNMENT) IT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
GEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CREMOTHER THAN IN A C		FOR C	ORONER'S USE ONLY PENDING
INTERMENT	NAME AND ADDRESS OF CEMETERY W	WHERE REMAINS OR CREMATED	REMAINS ARE TO BE INTERRE	0	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE CREM	MATED DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	INE, OR OTHER DESCRIPTION S	UFFICIENT TO IDENTIFY FINAL	PLACE AND COUNT	Y OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the pe remains of the above named decr	ident under provisions of the	Health and Safety Code,	SIGNATURE OF API	PLICANT
APPLICANT	and I hereby acknowledge that to this permit gives no right of unres			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	DATE PERMIT ISSUED	SIGNATURE OF LO	CAL REGISTRAR ISSUING PERMIT 16
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED MAY DISPOSITION WAS MADE ON	1 2 8 1986 SIGNATURE NTER DATE) ►	OF PERSON IN CHARGE OF E		ICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	101 Grove street, 8	CONTROL CONTROL OF THE PROPERTY OF THE PROPERT		Cyan (a	

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

043584 06/03/86 017441 ZEPHAL M. DAVIS
100 072
100 072
100 072
100 972
60101

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID

810.50

77181 000072 77182 000072 77183 000072 9020

710.50 320.00 175.00 205.00 10.50

710.50 PAID IN FULL

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-86

You are hereby authorized			1	ter the remains
of Mayure	le Hal	1	nyell	10 (1)
ina (BAY)		eral, date, time	1000 J	ZZZEN
Church, Chape, Gravesid	TANK TANKER		gera	Mortuary.
All Funeral cars must arri		./.	an extra charge	will be applied
and billed to undersigned	. War time veteran _	NO.		
21/4	Row	Section	2000000	-10
Lot 2012 Grave	Row	Section	Division/Bit	7
Grave space & Care Fund	ř		1	reneed
Additional spaces and car	e fund	non	۲,	
Opening/Closing & Setup			,,,,,,,,,	32000
Burial Container Be	ell. Lines.	*************	*****	10000
Handling Fees			***********	14500
Flower vases - Marker set	tting fee			2-12)
Recording and filing fee .				35
Sales taxes		****	************	160-
willmail		Total D	We	606
a fr	Paid red	eipt number _15	3397	606-
	570		Balance due	0
	-11. 0.	0 -		100000
I hereby certify I am the _ and this is your authority !	to make disposition of	remains as above		amed decedent
that I have the right to make any liability on account of	ke this authorization a	nd lagree to hold M	t, Hope Cemetery	harmless from
Transfer TV 01 SECRETARISM SOCIETY		x 1.1	01 ans	015
I hereby authorize the lete	er tienen (os)	Signature	us- /1/c	azello
Total dilustration of the last	- 11	Address A	Whiteh	eld PL
Signature of recommendations of court	1	dam	esayca	Zin Code
Yan	WIERY.	469	-5642	
MIC	CEMETERY NUMBERO, CAUE.			
LE HOLA	ALL	Invoice #		
Work Order	2b	Acct. #		
PY-583 (REV. 8-85)				

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA			
	WHITE TO CUSTOMER		NIO	22207	
200	PINK AUDITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 264-3151	ME	33397	
			A Date: 5/28	186 10	
	From Willain Man	notte si no White	Jahren Jahren	904	1
	From	Jelle Address 81 10 Whith	- Vallura	4060	0
The same	Ser June XIS	100 In M	Dollars (6	606 E	
Contract of	In Payment of	element feer for 11/a	youlle He !	gangelle	-de
A COLOR			The second second second		
10 BI	Lot 2064 Grave.	Row	ection	Division /	0
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS ENGE. MAY	CREDIT 67007 20% Seins Care 77194		100
() 经基础		"PAID IN THIS SOLE	The second secon		
	Acct. No. 12 - 592 /-	- AUDITOR	of Lots 77184	0.	
	W.O. Unpaid Balance	MAY 29 1968	Openings & 100 Service Charges 77181	320	00
	after this Payment	- 19 TOOK	Burial 100 Centeiners 77182	100	00
			Recording fees or 100 mag, service fees 77183	180	00
No. of Concession, Name of Street, or other Persons, Name of Street, or ot	Pre-Need At Need On Acct	0 00	Salas Tex 8020	1-	00
	Ck TSK Cash D	Love will hote	THE REAL PROPERTY OF THE PERSON OF THE PERSO	10	00
	AC-212 (Rev. 6-85)	STORY X MEN	TOTAL PAID 6	600	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

The second second					CONTRACTOR OF THE PARTY OF THE	00.400.00000000000000000000000000000000	
NAME OF DECEDENT		1		SEX	DATE OF BIRTH	DATE OF DEATH	
MA	YBELLE A. MANZETTI	was a second comment	2020 IPS	Female	Oct. 6, 1	920 May 27, 1986	
PLACE OF DEATH—CITY OR TOWN Sam Diego		PLACE OF DEATH-CO	JUNTY (OR STA	TE IF NOT IN CALIFORNIA)		S OF SPOUSE OR OTHER INFORMANT	
		San Diego				ismsetti - Husband	
NAME OF FUNERAL	DIRECTOR (OR PERSON ACTING AS SUCH)		CALIF	ORNIA LICENSE NUMBER		shead Place	
Rogers Mortuary		69			La Mosa,	CA 92041	
	TYPE	OF PERMIT. CHECK ONLY	ONE OF THE	FOLLOWING TYPES OF DISPO	SITION		
I BURIAL (IN	NCLUDES ENTOMBMENT)	S. DISINTERMENT (ENTOMBMENT)		(INCLUDES		AND REINTERMENT OF CREMATED	
2 CREMATION	N AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT	CREMATION.	AND BURIAL			
3. CREMATION	N AND DISPOSITION OTHER THAN IN A	(INCLUDES IN		AND BOILINE			
CEMETERY		☐ 7. DISINTERMENT	CREMATION	AND DISPOSITION	9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
A. SCIENTIFIC	USE	OTHER THAN I					
FAR THE R	URPOSE OF ISSUING THIS PERMIT DISINTERMEN	THE ACCINES AS THE DENS	WAL OF HUMAN	DEMAINS FROM OUR EDGGE	D DI LEE OF DISPOSITION	TO MODIFIE CONSISTE WAS	
	ITION. COMPLETE EACH ITEM REQUIRED FOR TH						
	NAME AND ADDRESS OF CEMETERY WH					COUNTY	
BURIAL	Mt. Hope Cemetery -	3751 Market	St 5	en Diego, CA		Sen Diego	
akorosowa tewa egui	NAME AND ADDRESS OF CREMATORY W				SIGNATURE OF PER	SON IN CHARGE OF CREMATORY	
CREMATION	1/4			S CONTROL CONT			
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO	BE INTERRED		COUNTY		
AFTER	N/A	12445-1851-1960-1991-1991					
CREMATION BURIAL AT SEA	ADDRESS. NEAREST POINT ON SHOR	FLINE OR OTHER DE	SCRIPTION S	IFFICIENT TO IDENTIFY	FINAL PLACE AND	COUNTY OF DISPOSITION	
OR	T/A	seminar on somer as	1200 1200 1	A TOPING (V IDENTIFY	THISE TENGE HAS	200111	
DISPOSITION OTHER THAN IN A CEMETERY	=/-						
OF CREMATED REMAINS							
	This is to certify that I am the pe	rson having the right to control the disposition of the			SIGNATURE OF APPLICANT		
ACKNOWLEDGMENT OF	remains of the above named decedent under provisions of the Health and Safety Code,						
APPLICANT	and I hereby acknowledge that trespose and nulsance laws apply and understand that						
	this permit gives no right of unre	stricted access to pro	perty not ow	rned by me,			
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECE	VING REMAINS					
USE	H/A						
LOCAL	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOC	AL REGISTRAR ISSUING PERMIT	
REGISTRAR	THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	T107130131 U100	3.00	MAY 2 8 1986			
CERTIFICATION	X600 NY - NEW YORK NOW YOU	sole conservation of equal to	The second	MAY 2 9 1986	SIGNATURE OF PER	SOLA CHARGE OF DISPOSITION	
OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSIT	TION WAS MADE ON	26	MAI & 0 1300	January	PHAZE	
					700	TORY WHERE THE REMAINS ARE CREMATED.	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/86

You are hereby authorized and instructed, subje	ect to your rules, end regulations, to juster the regularies
in a Boll Line Fune	eral, date, time Was - 2PM 5/28
Church, Chapel, Graveside Church Y	S. Ragedell Mortuan
	regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	AND.
Lot 14 Grave 10 Row	_ Section 2 Division/Stock /2
Grave space & Care Fund Lee E	3284-
Additional spaces and care fund . Recur.	14-11-2-12 fort 3
Opening/Closing & Setup	m- 800 00 000 4 (160K) 330 5
Burial Container Bell Live	100°
Handling Fees	145°
Flower vases - Marker setting fee	
Recording and filing fee	_ <i>35</i> °
Sales taxes	6'
o day hete	Total Due
The Section of the Se	eipt number
The state of the s	Balance due
201 7	1
I hereby certify I am the	of the above named deceder remains as above indicated. I certify and represer
that I have the right to make this authorization as	nd I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	id interment.
I hereby authorize the interment in lot I	Lwelle Breene
hold under deed.	1993 Harrison Due
Signature of recorded holder of deed	San Diego Ca. 92113
	233-0744 Zip Cox
	Telephorm
	043081
Work Order # E 5927	Invoice#
Work Order # E 3921	Acct. #

NOTE-STRAIGHT
s 606°2 San Diego, California, 5/27/86 19
at 3751 Market St., San Diego, CA 92102 the sum of Lix Hundred Lix at 7/00
with interest from
Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for paym hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A marriagn who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix agantorney's fees. **X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X
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 33532

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CITY TREASURER SAN DIEGO CALIFORNIA

4421307/11/86 150:00 DPT R
4421307/11/86 150:00 DPT R
4421307/11/86 150:00 INVS
4421307/11/86 606:00 INVS
756:00 TL
07/11/86 4421 3 756:00 CH

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	Janice Green: AKA	Greene Ross	sex Female	May 20, 1951	May17, 1986	
PLACE OF DEATH—CI Woodbine	(Cape May County)	PLACE OF DEATH—COUNTY New Jersey	(OR STATE IF NOT IN CALIFORNIA)	Arnold E. Ross	- Husband	
	Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER	Box 538 North Ave. Port Norris, N. J.		
G-1 BHOLAI /IN	TYPE	OF PERMIT, CHECK ONLY ONE 5. DISINTERMENT AND ENTOMBMENT)	OF THE POLLOWING TYPES OF DISP BURIAL (INCLUDES	B. DISINTERMENT AND RE		
2. CREMATION	AND BURIAL (INCLUDES INURNMENT) AND DISPOSITION OTHER THAN IN A	6. DISINTERMENT, CREI		REMAINS (INCLUDES II	NUCLIMENT	
4. SCIENTIFIC	USE	☐ 7. DISINTERMENT. CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
	IRPOSE OF ISSUING THIS PERMIT. DISINTERMEI TION. COMPLETE EACH ITEM REQUIRED FOR TH					
BURIAL	Mt. Hope Cemetery wh	3751 Market St	ACCURATION NOT THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN	COUNT	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CI		SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE II	NTERRED .	COUNT	Y	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	RELINE, OR OTHER DESCRIP	TION SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUNTY	OF DISPOSITION	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pr remains of the above named dec and I hereby acknowledge that this permit gives no right of unr	edent under provisions of trespass and nuisance laws	the Health and Safety Code, apply and understand that	SIGNATURE OF APPLICANT DATE SIGNED		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EVING REMAINS				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH P THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE		SIGNATURE OF LOCAL REGION	PRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOS		MAY 2 8 1986		CHARGE OF DISPOSITION	

043581 06/03/86 017440	LUCILLE GREENE 100 072 100 072 100 072 60101	77181 000 072 77182 000 072 77183 000 072 9020	320.00 100.00 180.00 6.00	PAID IN FULL
043583 06/03/86 017440	LUCILLE GREENE 100 072	77184 000 072 698	150.00 150.00	150.00 0.00 PAID IN FULL

16

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/86

You are hereby supportzed and instructed, subject to	o your rules and regulations, to inter the remains
of Ellen S. Lee	
in a Bell Line Funeral	, date, time Ex \$30 / 1P. Vn.
Church, Chapel, Graveside Chapel	S : Rossdale Mortuery.
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an extra charge will be applied
and billed to undersigned. War time veteran	₽.
61 114 Grave 8 Row	Section2_ Division/Back
	2/3
Grave space & Care Fund	<u> 450 -</u>
Grave space & Care Fund Additional spaces and care fund L. 7+9	
Opening/Closing & Setup	320 3
Burial Container Kell	1000
Handling Fees	<u> 14529</u>
Flower vases - Marker setting fee	
Recording and filing fee	3730
PAID	600
THAID	257.00
MAY 27 1986 Peid receipt	70 702 P(7
MAY & 1180 Paid receipt	number 53 3 1 7 4 3 6 -
MT. HOPE CEMETERY	Balance due
CITY of SAN DIEGO, CALLED	
and this is your authority to make disposition of recthat I have the right to make this authorization and	of the above named decedent mains as above indicated. I certify and represent
that I have the right to make this authorization and I any liability on account of said authorization and in	agree to hold Mt. Hope Cemetery harmless from
	00
I hereby authorize the interment in lot I	X Layer m Groats
hold under deed.	1722 Peggy No
Signature of recorded holder of deed	San Diese Ca
	764-5918 Zy Com
	Totaphone
E FORD	Invoice #
Work Order # E 5928	Acet. #
THE REPORT OF THE PARTY OF THE	

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY	Nº	33393
	From: Joyce Bush	284-3151 Address: 722 Pag		427,186
	in July Payment of	Seinent of Eller	S.Lee - de	822°00
3	Let Grave		CREDIT 67007 77184 80% Sales Care 77184	Division Block
4.	Acct. No. W.O. F-J928 Unpaid Salance after this Payment	MAY 29 1986	80% Sales 100 of Lots 77184 7 Openings & 77181 8urisi 100 Containers 77182	320 00
	Pre-Need At Need On Acct C	SSUED BY SECONDENSE	Recording fees or 100 misc. service fees 77183 80101 Seles Tax 8020 TOTAL PAID 6	180 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT				SEX	June 18, 1933	DATE OF DEATH	
PLACE OF DEATH—C		I DI ACE OF DE	ATH_COUNTY (OR STA	Female		May 25, 1986	
		A11.5		TE IF NOT IN CALIFORNIA)	TOUR CONTRACT OF THE PARTY OF T	154 ND501	
111111111111111111111111111111111111111	ORECTOR (OR PERSON ACTING AS SUCH)	San	Biego	ORNIA LICENSE NUMBER	Joyce Brooks		
			1 "	The state of the s	722 Peggy Dri		
Midel	son-Ragsdale Mortuary			1329	San Diego, CA	92114	
	ТУРЕ	OF PERMIT. CHEC	K ONLY ONE OF THE F	FOLLOWING TYPES OF DISPO	OSITION		
1. BURIAL (IN	CLUDES ENTOMBMENT)		ERMENT AND BURIAL (BMENT)	(INCLUDES	B. DISINTERMENT AND I	REINTERMENT OF CREMATED INURNMENT)	
2 CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINT	ERMENT. CREMATION.	AND BURIAL			
	AND DISPOSITION OTHER THAN IN A	(INCLI	UDES INURNMENT)				
CEMETERY	2		ERMENT. CREMATION.		O 9. DISINTERMENT OF CI		
LI 4. SCIENTIFIC	4. SCIENTIFIC USE		THAN IN A CEMETER	Y	DISPOSITION OTHER THAN IN A CEMETERY		
FOR THE PI	URPOSE OF ISSUING THIS PERMIT. DISINTERME	NT IS DEFINED AS	THE REMOVAL OF HUMAN I	REMAINS FROM ONE SPECIFIE	ED PLACE OF DISPOSITION TO AN	OTHER SPECIFIED PLACE	
OF DISPOSE	TION. COMPLETE EACH ITEM REQUIRED FOR TH			IVALIDATE EACH LINE NOT R			
BURIAL	NAME AND ADDRESS OF CEMETERY WH				COUNTY		
	Mt. Hope Cemeteyy;	The state of the s	The second secon			an Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS	ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS	ARE TO BE INTERRED		COUN	п	
BURIAL AT SEA OR DISPOSITION OTHER	ADDRESS, NEAREST POINT ON SHOP	RELINE. OR OT	HER DESCRIPTION SU	IFFICIENT TO IDENTIFY	FINAL PLACE AND COUNT	Y OF DISPOSITION	
THAN IN A CEMETERY OF CREMATED REMAINS	n/a						
ACKNOWLEDGMENT	This is to certify that I am the per remains of the above named dec	the state of the s	SANTE WATER BY				
OF APPLICANT	and I hereby acknowledge that trespass and nulsance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			The state of the s			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			•		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$3.00	MAY 2 9 1986	SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE			A	AY 3 0 1986	SIGNATURE OF PERSONA	THARGE OF DISPOSITION	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mu	litari	4 .	
107	Tille	ming	•
ju	ay c	0	

tail Coming	Date 5-27-86
You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the remain
of Boaman B	enplan Eurpean
in a TS Vault Fu	neral, date, time Mus . 3/29 2:0
Church, Chapel, Graveside	Rogers Mortuan
All Funeral cars must arrive before 3:30 p.m.	of regular work day of an extra charge will be applie
and billed to undersigned. War time veteran .	yes.
19 11	0 /
Lot 67 Grave Row	Section Division Block
Grave space & Care Fund	thence
Additional spaces and care fund	A.V.
Opening/Closing & Setup	CONTRACTOR AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF TH
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	200
Recording and filing fee	
Sales taxes	200
atuant	Total Due
Paid re	eceipt number
tet Monument	Balance due
I hereby certify I am the	of the above named decede
and this is your authority to make disposition	of remains as above indicated. I certify and represe and lagree to hold Mt. Hope Cemetery harmless fro
hereby authorize the interment in lot I hold under deed.	Beatrice Burgea
Signature of recorded holder of deed	Sular D. Ca 92105
	744phone
Work Order # E 5929	Invoice # 043585
PY-883 (REV. 8-85)	THE RESERVE TO SERVE THE PARTY OF THE PARTY

OFFICIAL RECEIPT

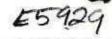


CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33869

From Statistic A Su Mc Rundred	Muty give and no	Dete: 10-3	7 105
Lot 169 Grave	11 Row S	Section 1	Division //
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Soles Care 77184	
Acct. No. W.O. E - 5929	CITY AUDI	OR Sales 77184 OR Service & 100 77184 TOR Service Charges 77181	
Unpaid Batance after this Payment	OCT 29 19	86 Containers 77182 Recording fees or 100	12 - 5
Pre-Need At Need On Acct	THE RESERVE THE PARTY OF THE PA	Recursing fees or 100 miss, service fees 77183 60101 Sales Tax 9020	100 11
AC-212 (Res. 6-80)	ISSUED BY DIRANG	TOTAL PAID	. 135 0

PERMIT FOR DISPOSITION OF HUMAN REMAINS



NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH	
HOZDAN	MCHARLES TYLER BURPE	LAU UA		Male	Jan. 28, 1920	May 27, 1986
PLACE OF DEATH—CITY OR TOWN Sen Diego		1028	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Sen Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Beatrice Burpeau - Wife	
NAME OF FUNERAL I	DIRECTOR (OR PERSON ACTING AS SUCH)		CALI	FORNIA LICENSE NUMBER	1759 39th St.	
Roger	rs Mortuary			69	San Diego, CA	
	TYPE	OF PERMIT. CHECK	ONLY ONE OF THE	FOLLOWING TYPES OF DISP	OSITION	
BURIAL (IN	ICLUDES ENTOMBMENT)		RMENT AND BURIAL BMENT)	(INCLUDES	8. DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED INURNMENT)
2. CREMATION	N AND BURIAL (INCLUDES INURNMENT)		RMENT, CREMATION.	AND BURIAL		
	AND DISPOSITION OTHER THAN IN A	(INCLU	DES INURNMENT)			
CEMETERY ☐ 4. SCIENTIFIC			RMENT. CREMATION. THAN IN A CEMETER		☐ 9. DISINTERMENT OF CI DISPOSITION OTHER	REMATED REMAINS AND THAN IN A CEMETERY
FOR THE P	URPOSE OF ISSUING THIS PERMIT. DISINTERME	NT IS DEFINED AS T	HE REMOVAL OF HUMAN	REMAINS FROM ONE SPECIFI	ED PLACE OF DISPOSITION TO AN	OTHER SPECIFIED PLACE
OF DISPOSI	ITION. COMPLETE EACH ITEM REQUIRED FOR TH			NVALIDATE EACH LINE NOT		DNU0015319
BURIAL	NAME AND ADDRESS OF CEMETERY WH				COUN	TY
DURINL	Mt. Hope Cemetery -					an Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	VHERE REMAINS	ARE TO BE CREMATE	DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY
INTERMENT AFTER	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS	ARE TO BE INTERRED		COUN	ar /
CREMATION BURIAL AT SEA	ADDRESS, NEAREST POINT ON SHOP	DELINE OR OTH	ED DESCRIPTION S	IEEICIENT TO IDENTIFY	FINAL PLACE AND COUNT	Y OF DISPOSITION
OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	N/A	RELINE. ON OTH	ER DESCRIPTION S	OFFICIENT TO IDENTIFY		- Code - Unabled Rey Charleson
	This is to certify that I am the pe	rson having the right to control the disposition of the			SIGNATURE OF APPLICANT	
ACKNOWLEDGMENT OF	remains of the above named dec	edent under pr	ovisions of the He	ith and Safety Code,		
APPLICANT	and I hereby adknowledge that this permit gives no right of unr		November Co. Sales		DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS				
		DOMESTING OF A	MOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT
LOCAL REGISTRAR	THIS PERNIT IS ISSUED IN ACCORDANCE WITH PI THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$ 3.00	MAY 2 8 1986	TO A STATE OF THE PARTY OF THE	HARGE OF DISPOSITION

043585 06/03/86 017442 BEATRICE BURPEAU 100 072 NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

77183 000072 06/10/00 CK 53

35.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Theneed for

Date 5-27-86

	pject to your rules and regulations, to inter the remains
a Shela Buc	Rner
in a Fu	neral, 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. Wer time veteran	
Lot 114 Grave 7 Row	Section Division/Block
Grave space & Care Fund	250 00
Additional spaces and care fund	X1 D
Opening/Closing & Setup	
Burial Container	U 1 · C···
Handling Fees	CEMETERY
Handling Fees	AN DIEGO.
Recording and filing fee	
Sales taxes	
	Total Due
-27-86 Paid re	eceipt number 33394V 120
21 00	Balance due 238 9
	(mer)
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot (Signature
hold under deed.	
Signature of recorded holder of deed	Address
	State Zip Code
	Telephone 3
	Invoice #
Work Order # E 5930	Acct. #

Couper # Sete Poyment Bul. . 33521 7/1/86 1200-238,00 226.00 1200 33591 17-31-86 21400 1200 336961 9-3-86 \$20200 33804/10-6-86 1200 18800 12 00 33920111-13-86 176 00 1200 33979/12-4-86 16400 1200 34069/01-07-87 152,00 1200 341728-02-05-87 140,00 12800 342781 03-06-87 34390/04-06-87 116.00 34522 / 0505-87 104.00 34649 06-04-87

E5930 34777 34280 8-4-87 09-03-87 34988 107-87 35882 11-3-87 35232 12-1-87 20 00 35476 12-31-87

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	THE REAL PROPERTY.			

OFFICIAL	RECEIPT		
	WHITE	CE	METERY
	GOLDENROO	***************************************	RETAIN
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From:	herla	Du	chr
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 264-3151

33521

Fn	om: Shella	Duckn	WAddress:	1047	Tuesdan La-	13-	7204N
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-	Punt'I'a	1	most les	18 #	Loupon	Donais (4	
In	- Pay	ment of	many the	7	Tought !	The Real Property lies	

w 114	Grave /	7	RowSe	ection 2	19-5	Division /	1/
Invoice No.	THE RESERVE TO SECURE	VALID FOR PURPOSE STAT		CREDIT 20% Sales Care 80% Sales of Lots	67007 77184	12	100
W.O	00	JUL 09 TO	1986	Openings & Service Charges Surfail Containers	100 77181 _ 100 77182	10	
	In Acct AQ	1986		Recording fees or miss, service fees	100 77183 _ 60101 9020		
Ck Cnsh Cnsh AC-212 (Nov. 8-86) 217	ISSU	e or tree	till	TOTAL PAID	-	12	DU

Lemon Grove, CA 92045

Month and Day Due Indicated Below MAR APR JUIL AUG OCT NOV DEC IAN X -10-86 Amount due when paid on, or before, due date above. 10th Amount due if paid more than 10 days 1.00 after due date above. 13.00 Amount Received

NAME Sheala Buckner ADDRESS 7/5 4

ZIPYROUS CITYLOMON GOY & STATE OF

check (/) if this is new address

OFFICIAL RECEIPT WHITE TO CUE CANADITY CE PINK GOLDENROD From	STOMER PROP	AN DIRECT, CALIFORNIA ERTY DEPARTMENT HOPE CEMETERY 264-3151	Date:	5/27/160	
In Point Payment of Lot 1/4	Grave MOT VALID FOR FUR			Division // Block //	
W.O. E - 5930 Unpaid Balance after this Payment 238 Pre-Need At Need Cr	Acch Issued as	AUDITOR 1986	Openings & Sayvice Charges 7 Surjet Containers 7 Recording less of misc, service fees 7	100 27184 100 27181 100 7182 100 7783 100 100 100 100 100 100 100 100 100 10	00

and the second

OFFICIAL RECEIPT CITY OF MAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY..... CEMETERY 33591 MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3151 Dollars (Division Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED 20% Salas Care Invoice No. 80% Sales Acct. No. of Law Openings & Service Charge **Unpaid Balance** Suriol after this Payment Recording fees or miss, service fees On Acct Sains Ton TOTAL PAID AC-212 (Rev. 8-95)

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5930 5/27/86

Sheila Buckner 7-10-86 7047 Russan Lane E 5930

Lemon Grove, CA 92045

Month and Day Due Indicated Below

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

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

10 th

\$_12.00

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

\$ 13.00

NAME Sheila Buckber

ADDRESS 7047 RUSSAN LN.

chemon Grove STATIOA. ZIPANA. Check (V) if this is new address

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Sheelas Buckne	MOUNT HOPE CEMETERY 284-3151	Nº 09-	33696	1986
	In furt Payment of Ph	reneed Lat	Dolla	Division	
A CALL	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	80% Sales 77 Openings & 77 Service Charges 77	100 /2 100 /2 100 /2 100 /2	60
	Pre-Need At Need On Acct Ck Cash Ac-212 (Rev. 6-86)	SEP 0 5 1986	Recording from or misc. service fees 77	100 1183	00

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OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33804 **MOUNT HOPE CEMETERY** PINK AUDITOR GOLDENROO RETAIN 264-3181 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No 77184 Acet. No OCT 1 0 1986 **Ungeld Balance** after this Payment On Acct TOTAL PAID AC-212 (Rev. 8-86)

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The same		

CITY OF SAN DIEGO, CALIFORNIA

CANATY CEMETERY AUDITOR	MOUNT HOPE CEMETERY 264-3161	Date: 12-	4 92145
In Act Payment of P	Preneed lot	n same Oc.	17 190
Lot // 4 Grave_	7 Row Se	ection a	Division //
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 77181 Surist 100 Containers 77182 Gentaliners 77183 Recording & 100 Misc. Fees 77183 Pre-Need 8303 Trust 9022 Seles Tax 80101	10 10
AC-212 (Flav. 11-86)	IBSUED BY D. Nang	Seden Tax 60101 78390 TOTAL PAID 8	12 60

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WHITE TO CUSTOMER

CANARY CE	NOUNT	HOPE CEMETE 264-3151	RY		
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Hollacano	100/100	-00		ollars (\$ La	100
In Payment of	FILE	reed xo	et .	S. E. S.	The reserve
Lot ///	Grave	Row	Section	Divi	
Invoice No.	NOT VALID FOR PUR	POSE STATED UNLESS ST	20% Salso Care	87007 77184	10 00
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			Recording & Mec. Fees Pre-Need	77183	
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	WHITE TO CUSTOMER CANARY GEMETERY PINK AUDITOR
DESCRIPTION OF	

CAMARY GENETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151	Date: Do	2-05	- رب ر ن	1087
From: And Durand In Alt Payment of A	RACE Address: 7047 KILSSE.		considers (\$ 4	16 10	093
Lot Grave.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	ection 3	67007	Division Block	7
Acct. No	— PAID IN THIS SPACE.	20% Sales Core 50% Sales of Lots Opening/ Closing Surtal Containers	100 77184 — 100 77181 — 100 77181 —	12	00
Pre-Need Lot At Need On Acct		Handling Fee Recording & Mileo, Feed Pre-Need Trust Sales Tax	100 77163 — 100 77183 — 60033 8022 —	OF THE PERSON NAMED IN	
Pre-need Trust Cash Check , AC-212 (Rev. 11-86)	ISSUED BY B. Jane	TOTAL PAID	80101 78590 —	13	00

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CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 284-3151 YOUN 7047 Luc	Date:	7-7	18/1
InPayment of Cong	px # 13 Cudit	Sat o	llara 12.00)
Lot //4 Grave_	7s	ection 2	Division	11
Pre-Need Lot Of At Need On Acct Pre-need Trust Cash Check	NOTVALID FOR PLIR POSE STATED UNLESS STAMPED TPAID IN THIS SPACE	80% Sales Care 80% Sales of Lots Opening/ Closing Surist Containers Hendling Fae Recording & Misc. Pess Pre-Head Trust Sales Tax	87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183	00
AC-212 (Ray, 11-86) /93	1584ED JURAY Wald	TOTAL PAID	12	00

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

		Date: O	ollers (\$	12.00	.67
Lot Grave	RowSe	ction	The state of	Division Block	CONT.
Acct. No. W.O. E-S930 BALANCE DUE Pre-Need Lot At Need On Acct A Pre-need Trust Cash Check A Ac-212 (New. 11-86) 202	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Surisi Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	57007 77184 — 100 77184 — 100 17082 — 100 77183 — 100 7718 —	12	8

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WHITE TO CUSTOMER CAMMAY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

11:45	bushue	284-3151 7/1077 ()	Date: 9	7-3 18 Love 9314
InPayment of	Address:	# 15, 61	Do de Toda	Hara 15 /2.00
Lot_1/4 G	reve. 7	Row Se	ection 7	Division //
Acct. No. E 5/30 BALANCE DUE	NOT VALID FOR PURPO TAND IN THIS SPACE	DESTATED UNLESS STAMPED	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Burist Containers Handling Fee	67007 77164 100 77184 300 77181 100 77182 77182 77183
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WHITE TO CUSTOMEN CANARY CEMETERY PINK AUDITOR

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

From: SHEILA BUCKN	EC Adam	264-3161 . 7047 RUSS	Date:		STATE OF THE OWNER, WHEN	1887
Jen Pollors In Couper Payment of	achit fale	Coyen # 1			10.00	
Lot 114 Grave	, 4	Flow_	Section 3		Division	11
Invoice No.		RPOSE STATED UNLESS STAMP		87007 77164 —	12	100
Aget. No.			80% Sales of Lots	77184 -	-	-
w.o. E-5930	7		Opening/ Closing Surisi Conteiners	77181 -	N 1 2 5 10 10 10 10 10 10 10 10 10 10 10 10 10	-
BALANCE DUE 32.00			Conteiners Handling Fee	77182 — 100 77183 —	19 AN	
			Recording & Misc. Fees	77183 —		
Pre-Need Lot 10 At Need C On Acci			Pre-Meed Trust Sales Tex	65033 9022 —	-	
Pre-need Trust U Cash U Check	The Part of the Pa	me Movin	TOTAL PAID	78390 -	12	02

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					4 100	101	11		Charles and		

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 35476

PINKAUDITOR	284-3151			
		Date: 12-	31	1967
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_ (en 7/09)	+ + 19 (111	Joj Doll	ars 15 10.0	0)
In Payment of	per de 17 min	an so		
Lot // Grave	7 Row So	ection 2	Division Block	17
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	87007 10 17184	1
Acct. No.	CITY AUBITOR	Opening/	100 77184 100	100 P
w.o. E -5730	CITY ACT	Burial	77181	1974
BALANCE DUE 10.00	BBB1 80 WAL		100 77185	
Pre-Need Lot At Need O On Acct	1 11		77183 83033 9022	1000
Pre-need Trust Cash Check Check	Janke Vacal	Sales Tax 1	80101 78390	
AC-212 (Rev. 10-67)	ISSUED BY	TOTAL PAID	10	

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OFFICIAL RECEIPT No 35624 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Dollars (\$ /6) .07 Division Gravi NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 20% Sales Care 80% Sales of Lots Acct. No. CITY AUDITOR Opening/ Closing FEB 05 1988 Contained 100 **BALANCE DUE** Handling Fee 77185 ecordino & 100 77183 Pre-Need Lot At Need On Acct 63033 0022 Pre-need Trust Cash Check Sales Tax 50101 DTAL PAID AC-212 (Rev. 10-87)

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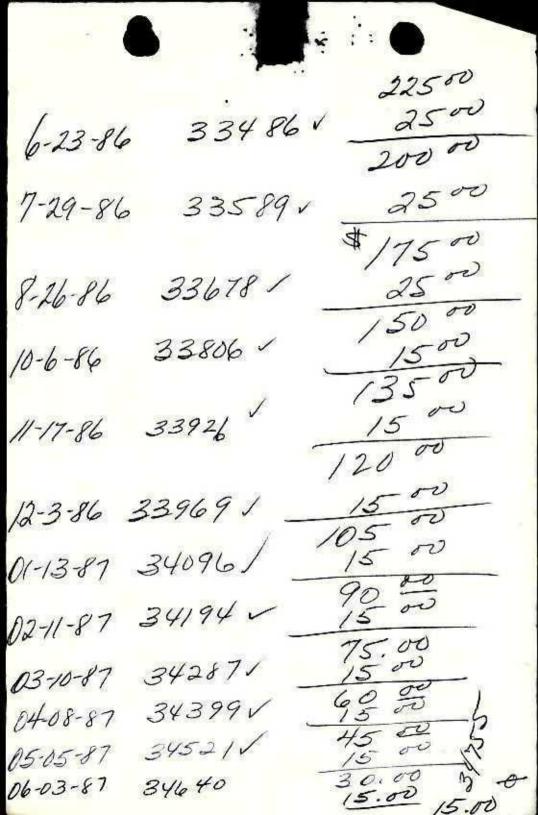
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A	CANARY	CEMETERY
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CAMARY CEMETERY PINK. AUDITOR	MOUNT HOPE CEMETERY	Date: 10	2-/	, 1	81
Twelve of InPayment of Late	allars Olla	ut 2	ollara (5	12.00	2,
Lot Grave		ection	07007	Division Block	
Acct. No. <u>F-5930</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lora Opening/ Closing/ Closing/ Containers	100 77164 100 77184 100 77161	767	
Pre-Need Lot At Need On Acct	11)	Handing Fee Becording & Misc. Fees Fre-Head	77182 — 100 77183 — 100 77183 — 63033 —		
Pre-need Trust Cash Check XI. AC-212 (Rev. 11-86) 695-6798-60	GOSUED BY Frdy Wale	Saine Tax TOTAL PAID	80161 76380	12	00

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MANUTE CEMETERY

INTER	MENT ORDER	
/) Cit	y of San Diego	
henced lot for	Date 5-27-8	6
	×	
(Jules m	ubject to your rules and regulations, to inter the ru	
	gue res	
Vault/Liner	Funeral, date, time	12 /00
Church, Chapel, Graveside		rtuary
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge will be a	applied
/and billed to undersigned. War time veteral	ñ	
Lot 1/4 Grave 9 Row	7	11
Lot /// Grave Row	Section Division/Block	-
Grave space & Care Fund	25	00
STORES AND CONTROL TO SEA OF DESIGNATION OF STORES AND SERVICE STORES AND SERVICE STORES.		
Opening/Closing & Setup		
Burial Container		-
Handling Fees		_
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	00
27 (1)	22205 / 5	25
-27-86 Paid	receipt number 25273 V er	75
	Balance due	14
I hereby certify I am the	of the above named de	~
and this is your authority to make disposition	on of remains as above indicated. I certify and rep	reser
any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmle n and interment.	ss fron
I hereby authorize the interment in lot I	Signature	
hold under deed.	Address	
Signature of recorded holder of deed		
	Scace	Zip Coc
	Telaghore	
F. =004	Invoice #	
Wort Outer # E 5931		
Work Order # UJUI	Acct. #	



2.2	OFFICIAL RECEIPT WHITE TO CUSTOME CANARY CEMETER	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT		00000
•	GOLDENROD RETAIN	MICOINI HOLL CEMETER!	Nº	33395
	Taxa Ran	4 20	Date: 3/27	186.19
	Teventy fu	Address: V. N	Dollars (9	2500
1	in fort Payment of	he weed Credit of	6	
2011	Lot 1/4 Grave		Section 2	Division //
44	Invoice No.	NOT VALID FOR PURIDE STATED UNLESS STAMPED AUDITOR	CREDIT 67007 20% Seles Care 77184	
	Acct. No.	- MAY	80% Sales 100 of Lots 77184	2500
	W.O. E-593/ Unpsid Balance	MAY 29 1940 L')	Openings & 100 Service Charges 77181	The second
	after this Payment	100	Suriel 100 Conteiners 77182	
	Pre-Need At Need On Acct		Recording less or 100 misc service less 77183	
	Ck Cash A Con Acct	- John	Selec Tex 9020	
	AC-212 (Rev. 8-86)	135 Loyen Stalin	TOTAL PAID .	2500

·	OFFICIAL RECEIPT WHITE TO CHETOMER CAMARY. CLAMETON CAMARY AUDITOR GOLDENMOD APPLICA	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT, MOUNT HOPE CEMETERY 284-3151	6-12	33486
	From Jayac M. Kro	oks man 22 Aggy	Or. Dete:	92114
10	In Dath Peyment of D	reditales let	Dollars (*	95-
	Lot 1/4 Grave	9 8000	Section 2	Division //
1	Invoice No.	MOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184	100
•	W.O. E - 5931 Unpeid Balance	Jun AUDIGIL	80% Selec 100 of Lots 77184	793 00
	after this Payment \$\int \int CO =	JUN 26 188 366 ;	Buriel 100 Conteiners 77163 _ Recording fees or 100 miss. service fees 77183 _	
	Ck Cash On Acct Accept	BOUGHT B. Jane	Sales Tex 8030	3500

DO	NOT	MAIL T No.	ENTIR	E BO	OK		ON SEC	Probability of	SESSES.		1
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OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY...... CEMETERY 33589 MOUNT HOPE CEMETERY 264-3151 Division Grave NOT VALID VON CHROSE STATES TESS STAMPED Invoice No. **80% Sales** Acct. No of Lane. **Unpaid Balance** after this Payment Recording fees or misc, service fees On Acct TOTAL PAID AC-212 (Rev. 8-86)

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PRINK AUDITOR GOLDENROD RETAIN

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

Nº 33678

From: Taria 711. Book	264-3151 P. Address: 723 Plage	Durie: 08	1-26	9:11	86
in plat Payment of P	enced lat	000	llars (6	Division	
Invoice No. Acct. No. W.O. E593 Unpaid Balance #150	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY, AUDITOR AUG 27 1986	80% Sales of Lots Openings & Service Charges	etoo7 77184	Sect.	00
Pre-Need At Need On Acct O	issued by B. Sang		100 77183 80101	25	00

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5934 -- 3/27/86

Joyce M. Brooks 722 Peggy Drive San Diego, CA 92114

Month and Day Due Indicated Below

MAR APR MAY JUN JUL AUG SEP OCT NOV	DEC JAN	LEB
- x,		1

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

Amount due if paid more than after due date above.

Amount Received

NAME

ADDRESS

CITY

STATE

□ check (✓) if this is new address

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CLISTOMER CANARY...... CEMETERY 33806 **MOUNT HOPE CEMETERY** GOLDENROD RETAIN 264-3151 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. - CREDIT 20% Sales Care 87007 77184 Invoice No ODX Sales 77184 Acct. No CITY AUDITOR 77181 **Unpaid Balance** OCT 1 0 1986 after this Payment Recording fees or misc, service fees On Acct D ISSUED BY TOTAL PAID AC-212 (Rev. 8-96)

Send or bring ene coupon with each remittance COUPON
DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5931 5/27/86

Joyce M. Brooks 55931 722 Peggy Drive San Diego, CA 92114

Month and Day Due Indicated Below

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

due date above. Oth

Amount due when paid on, or before

5 15.00

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

NAME SOME BROOKS

ADDRESS 722 Paggg Hou

CITY S CC STATE CG ZIPSULLY

check (V) if this is new address



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDITOR	MOUNT HOPE CEMETERY .				
From Cayee M. Brown	Es Address: This Reguns	On. SA	17 1a	9211	1980
matter and	nopro - 1	D	ollars (\$	1500	
Lot //4 Grave	9 Row Se	cition 2	1	Division Block	11
Invoice No	NOT YALID FOR PURPOSE STATED UNLESS STAMPED PAID: IN THIS SPACE.	CREDIT 20% Sales Care 20% Sales of Lots Opening/	87007 77184 — 100 77184 —	15	00
W.O. E 5931 BALANCE DUE \$1209	CITY AUDITOR NOV 18 1986	Cicaing Buriel Containers Hendling For	77181 — 100 77182 — 100 77183 —		10.3
Pre-Need Lot At Need On Acct Pre-need Trust O Cash O Check		Recording & Mac, Free Pre-Nand Trust Sales Tax	77183 — 63633 9022 — 80101 78390 —		
AG-212 (Rev. 11-46)	ISSUED BY D' MONG	TOTAL PAID .	-	15	00

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			check	(1) if t	his is	nev	v add	iress	ES.	3

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNÍA PROPERTY DEPARTMENT

PINK.	MOUNT	HOPE CEMETERY 264-3151	in	3
From: Sayle Bro	uks Address	Tha Proper	Date: Id-	a 96/11
Vitecn	and, no/10	000	Dolla	re (\$ 15 °
In Payment of	MINICA	lat		STATE
LOT 114	Grave 2	Row	Section 2	Division Block
Invoice No.	NOT VALID FOR PU	POSESTATED UNLESS STAMPE	80% Sales	100 /5
Acct. No. E 5931		4 1986	Opening/ Closing 77	160 160 181
BALANCE DUE # 103	2		Containers 77 Handling Fee 27	100
Pre-Need Lot X At Need C	n Acct 🗆	THE PERSON NAMED IN	Misc. Fees 77	100 183 0030
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JUN	JUL								MAR		MAY
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lmour ifter c	nt due lue da	if pald te abo	more ti	nan 1	0 da	ys)	\$	ú —	1	.00	
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Barrier M.	WHITE TO CUSTO
A A	GANARY CEME

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DESARTMENT

ALL PINK	MOUNT HOPE CEMETERY 264-3151	01	13 94
From Yayac M. K	Mooks Address: To'a Piggs	Date: UT	ta 72114
In Part Payment of	Orenold Out	bo	Illars (\$ 1500)
Payment or .			Division //
Lot 1/9 G	arave Row	Section	Division //
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184
W.O. E 5931		Opening/ Closing Surter Containers	100 77181 100 77182
BALANCE DUE 70 7	JAN 1 5 1987	Hundling Fee Recording & Mac. Feet	100 77185 100 77183
	Acct C	Pro-Mond Trust Sales Tex	03030 9022 60101 78280
AC-212 (Rev. 11-80)	ISSUED BY 12. Dang	TOTAL PAID	1 15 00

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CITY			check	(/) if t	STAT	E new	add	ZIP	_



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

() m 2.	284-3151	Date: Ox-	1 .1087
From: Super Control of	ed molion Tax Magy	Dollars	1500
Lot 1/4 Grave	9	iction_==2	Division //
Acct. No	MOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 60% Sales 180 of Lots 77184 Opening/ 100 Closing 77161 Burist 100	15 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Containers 77182 Handling Fee 77183 Recording & 100 Misc. Fees 77183 Fre-Head 63633 Trust Sales Yex 60101	
Pre-need Trust U Cash U Check (ISSUED BY LOCARG	Sales Tex 60101 76390 TOTAL PAID	15 00

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

	PINK	AUDITOR	MOUNT HOPE CEMETERY 254-3151				
	From Joyce	m. Bren	els 72: Roca	Date: U	3-1	92110	19 5
	Theteen	and	no/100 - 060	D	ollers (\$.	1500	,
	In fact P	eyment of M	eneef lot	7/4 B			
	Lot 114	Grave_	9 Row_s	ection C		Division Slock	11
	Acct. No.	Cora C	NOTIVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	87007 77184 — 100 77184 —	15	00
	BALANCE DUE	000		Suriel Containers Handling Fee	77181 — 100 77182 — 100 77183 —	10 mm	
	Pre-Need Lot At Ne		Bana	Recording & Misc. Face Pro-Mond: Trust Sales Tax	77183 — 83033 — 9022 — 60101 — 78390 —	VAR S	N. S
3	AC-212 (Rev. 11-86)	THE REAL PROPERTY.	ISSUED BY	TOTAL PAID		15	0

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ADD	RESS										
CITY						STAT	E		ZIP		



CITY OF SAN BIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

From Joyce M. Bros	284-3151 LES Address: 722 Paggs	01-04-0 201-01-01-01-01-01-01-01-01-01-01-01-01-0	92114
of the Payment of Pa	ences lat	Dollars (\$	Division //
Invoice No	NOT VALID FOR PURPORE STATED UNLESS STAMPED TRAID: IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burlat 100 Containers 77182 - Handing Fee 77183 -	5 00 10 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY B. Jang	Recording & 100	15 00

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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

PINKAUDITOR	264-3151	AT DESIGN			
From Cayle, M. Breas	ex Address: 722 Praces	Date: 05	5-65	. 18	87
Petter an	1 mo/ 100 -010	Do	llera (\$	500	,
In AAT Payment of A	nenced lot				
Lot // / Grave	9 Row S	ection 2	Divi	aion /	11
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	87007 77184 100 77184	150	50
W.O. E 5931		Opening/ Closing Buriel Containers	100 77)81 		
BALANCE DUE \$ 30	time who have been been	Handling Fee Recording & Misc. Fees	77183 77183 77183		
Pre-Need Lot - At Need On Acct C	B. Jane	Pre-Hood Trust Seige Tax	9022 90101 78390	1	
AC-212 (Nmr. 11-86)	ISSUED BY	TOTAL PAID	- NO MICH.	15	00

	Joy	ce P	H.	. 59 . 2 . y	roc		E	5	95	31	L. Malin
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due da Amou	nt due fue dan	ve. I paid	noreth	h nan 1			\$ \$ \$ \$		15.	.00	

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDITOR	MOUNT HOPE CEMETERY	"是是这个人	
From Sure M. Broad	Address 722 Peacy	6-3 V4.S.S.	92/14
Sixteen dall	and 13 Charles	Odit Call	15-1
1111		2	Division 1/
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 -	15 -
Acct. No. = 5-93/		80% Sales 100 of Lais 77184 - Opening/ 100 Closing 77181 -	30.30
BALANCE DUE	***	Burial 100 Containers 77182 - 100 Handling Fee 77183 -	27,815
Pre-Need Lot At Need On Acct		Necording & 100 100	
Pre-need Trust C Cash C Check AC-212 (New, 15-98)	1850 50 Jordy Ward	Sales Tex 80101 78390 - TOTAL PAID \$	15-

	Joy 722	Pe	H.	y 1	PEA	ks ve	211	5	9		
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The day	RESS					STAPP)					
ADO											

E5931

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

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

	DP	MO	330460	V
1	ENCUMB	RANCE DO	CUMENT NUMBER	100

COMM	IENT:	Res		r returns	ed grave	space.		E-59	3)			RESPONS DEPT. NO SORT KE	N	N (15 CHAI	RACTERS)
1	:	PAYEE		VENDON MAMBER I NAME ADDRESS CITY — STATE — 21	ALPHA	300	MIVORCE I DESCRIP (MAX. 15 CHA	IO. OR	MIVOIC	PAY-	LATE		AMOUNT	TAX CORE	WRT-CK.
	A B C D	8240	ce Brook) Ranger		14		Refun	d		4			200.00		
		CUSTO	UTION	OF CHARGE	TO BE CO	DAMPLETED		ATING DE		TAL AMOU	JNT	\$ 200	•00	OR PAYM	ENT
ACTIONS .	57	PWIO	ORPY.	080.	ACCOUNT	ONDER	OPER.	BONS.	PACILITY	-	OUNT	11.00	, authority	OT PATRICE	
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PREPAR		sthy Wi	gdahl	527-34	OO DATE	12/02/9)3	Prop_/M		M.S.	DP NE 330460
		-88) 593625	-	To be		12			metery	# 72	DP 142 330400

* For Auditors Use Only		£5931
Date Auditors Revd		Application Date 9/27/9
Refund No.	The City of San Diego	
Processed By	E-5931	Date Rovd By Dept
Fund Acct	APPLICATION FOR REFUND	Daily Cash Receipt (DCR) No
Approd By Date		1 n + 114 Grave G
		Sect 2 Div, 11
To City Auditor & Comptrolle	200 1101	on City of San Diego Offici
#'s 33395, 33486, 3358	ts refund of \$ Date paid	(Name of Receipt or Permit No.) Rece
Moled	to a new	atata
Monda	a grace	The state of the s
7		
OPTU	Arold 1	(A)
Refund Requested by:	1.21 021	
Print Name: 101/C	M By antipaddress: 8290	Kanger Dr
Signature:	grown pensac	pla 71. 32534
Claimants copy of orig	nal paid receipt or permit must be attached. If c	imant is person
other than one named he is entitled to refund	such receipt or permit, he must submit satisfact payment.	fory evidence that
	CITY USE ONLY	
that payor has received no con-	the city of San Diego of the above stated amount deration from the City for such payment and that	
properly be made under provis	MI WI BY TO THE WAY	W frage
		12-8-93
Signature: Alle C	Dept. Name Cont. Pho	ne 522 340 M.S. 72
		White Copy - Auditor's 'ink Copy - Auditor's
FORM AC-1006 (Revised 4/9		Green Copy - Originating Dept.

DUPLICATE CITY OF SAN DIEGD, CALIFORNIA MOUNT HOPE CEMETERY



Νō 11429

	OWNERSHIP AND	INTERMENT PRIVILEGES	(4)
то	Joyce M. Brooks	for the sum of \$ 250.00	(DOLLARS)
LEGAL	DESCRIPTION Lot 114, Grave 9,	Section 2, Division 11	46
AS DE	SCRIBED ON PURCHASE ORDER NUMBER	E-5931	
held for hereaft Cemete	ling to a map of said Cemetery filed in the or burial privileges only with endowed care eer be adopted, including the right to ingre- ery. The rights hereby conveyed for interme Cemetery Authority in each and every case	Subject to all rules and regulations and egress with essentials for ca ent privileges shall not be relinquish	ons now in force or may re and operation of the ed without the consent
repairs after b of plot natural	expressly understood however, that said Co is to any monument, head stone, vaults or oth the erected or placed on said lot or plot. Cost is. In no case will the Cemetery Division be the causes of deterioration, but reserves the of the Cemetery. The following type of memo	ner improvements of like nature that it of same shall be assumed by legal of e responsible for damage, malicious right to remove any object that detra	s already, or may here- wner or representatives mischief, vandalism and
	Flat Marker 2X1		
• •	76	1 1 1 4	•
Cerren	tery Manager	- Crancing a	wle
PY-004		Property D	irector

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego Date 5-27-86 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 ... Section . Division/Block 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 **Total Due** Paid receipt number 333 5-27-86 Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. E 5931

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

Acct. #

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/28/86

You are hereby authorized and instructed Subject	ect by your rules and regulations, to inter the remains
ina Bell Line Fun	eral, date, time MON = 2/M - 4/2
Vault/Liner AD 111 1	D
Church, Chapel, Graveside	Mortuery.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	WW: 1947-
eu (G)	
Lot 4976 Grave - Row _	Section Division/Black /O
(A) 24 - 26	44
Grave space & Care Fund	5/3-
Additional spaces and care fund	Mand
	2700
Opening/Closing & Setup	<u>Sao -</u>
Burial Container Sell du	100"
Handling Fees	1450
Flow wases - watter setting	2/0
Recording and filling the	<u> </u>
Salestaxes	65
MAY 2.8	1201 2
76	Total Due
MT. HOPE CEMETERY and rec	eipt number <u>\$ > > 76</u> /201 =
CITY of SAN DIEGO, CALIR.	Balance due
P	D ,
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition o	f remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization ar	nd interment.
	1 22
I hereby authorize the interment in lot I	Joseph & Trum
hold under deed.	5440 SAY OUGERS TEL.
	Bridgeses
Signeture of recorded holder of deed	C p 921 / 4 State 22 Code
	2626780
	W. 15. W.
ward Carden # E 5932	Invoice #
Work Order # E J934	Acct. #

				A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	
	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR SOLDENBOD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº,	33396	
	From Joseph R. Brown	1 11/00 -	fu 8 8.	92114	9
	In full Payment of In	tunent per on John	Richard Bros	12013 m- De	_
	Lot 4496 Grave		OCCION 57007	Division /	00
-	Acct. No W.oE 5932	NOT VALID FOR PIBLIPS STATED UNLESS STAMPED "PAID" IN THIS SPACE Y AUDITOR	20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings 5 100 Service Changes 77181	476	00
	Unpaid Balance after this Payment	47888	Burial 100 Containers 77182 Recording fees or 100 mac, service fees 77183	180	00
	Pre-Need At Need On Acct C Ck Cesh C 024-003023 AC-212 (Rev. 8-85)	Some Degul State	Sales Tex 80101 9020 TOTAL PAID 8	1201	00

WHITE TO CUSTOMER

CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDITOR	264-3151	Date: 12-9	9 1086
In self Payment of L	Sance of mark	Dollars Dollars	Mation)
Lot 14496 Grave_	ROW SO	ection	Division 10
Acct. No	PAID: IN THIS SPACE.	20% Sales Care. 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77381	The second secon
BALANCE DUE	CITY AUDITOR LEG 15 legs	Containers 77182 100 Handling Fee 77183 Recording 6 100 Misc. Fees 77183	3500
Pre-Need Lot At Need On Acct Pre-need Trust Check AC-212 (Nev. 11-86)	ISSUED BY B. Kang	Pre-Need \$3033 Trust \$322 Sales Tax \$00101 TOTAL PAID \$	12500

E 5932

PERMIT FOR POSITION OF HEAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	JOHN RECHARD BROWN		SEX Male	DATE OF BIRTH	1928 Nev 25. 1986
PLACE OF DEATH—	CITY OR TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIA	NAME AND ADD	RESS OF SPOUSE OR OTHER INFORMANT
The state of the s	S OF FUNERAL DIRECTOR FOR PERSON AC REGISTRE HOTTMATY		CALIFORNIA LICENSE NUMBER		, CA 92113
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION	
1 BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES		ENT AND REINTERMENT OF CREMATED NCLUDES INURINMENT)
1 Acres 1 - 1 September 2 199	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CRI			ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY W		Sen Diego. CA	ED	COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY W	THERE REMAINS ARE TO BE CRE		SIGNATURE OF F	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED RÉMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	L PLACE AND COUN	ITY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		6).	*
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest	dent under provisions of the espass and nulsance laws o	e Health and Safety Code, apply and understand that	SIGNATURE OF A	PPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	PAID DATE PERMIT ISSUED		OCAUPEGUTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON	2 1986 SIGNATU	E OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	O		(3)

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/28/86

	1057	
u are hereby authorized and instructed, subject to your rule	sand regulations, to	inter the remain
Vara C xpriggs		Ę
a Rell Lene Funeral, date, tim	mon-6/2	- 11AM
a Funeral, date, tim	12 . 1	1. "
urch, Chapel, Graveside Church, 193:	Magada	Mortuary
Fugeral cars must arrive before 3:30 p.m. of regular work	day or an extra cha	rge will be applied
The state of the s		
d billed to undersigned. War time veteran		
89 Grave // Row — Section _	3 -	12
t 8 / Grave // Row Section _	Division/	Block
SANCHILLA SANCHER MANAGEMENT (MANAGEMENT)		4950
ave space & Care Fund		110 2
Iditional spaces and care fund		
pening/Closing & Setup		3200
(D.0) (I /	_	1000
rial Container		100
endling Fees		145
ower vases - Marker setting fee		35.00
cording and filing fee		80,00
iles taxes	*********	6.00
arnote .	COTA CO	HOLD.
1	otal Due	MISS SALE
Paid receipt number .		
	Balance	due
	Dalaitea	
ereby certify I am the	of the abov	a named decader
d this is your authority to make disposition of remains as a	above indicated. I ce	rtify and represe
at I have the right to make this authorization and I agree to by liability on account of said authorization and interment.	hold Mt. Hope Cemet	ery harmless from
y hability on account of said administration and intermedit.	/	1.
ereby authorize the interment in lot	around C	leath
ld under deed.	7571 n	40
Address	JAK GON	TA DR.
secure of recorded holder of deed	SANDIEgo	CAKIFT
State	644133	Zip Co
Telephone	CONTRACTOR OF THE PERSON OF TH	
Telephone	0//2	007
Telephone	. 043.	587
Telephone Invoice Ork Order # E 5933 Acct. #	* 043.	587



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

8/20/86

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

Nº 33658

From Allian Jatel	Address Eigh fronta	Date: D8-	18 Ca 72	1086
199	ua C. Griggio	eruita.	Division	
Invoice No. 43587 Acct. No. 43587 Acct. No. 7444 W.O. 5933 Unpeid Balance after this Payment Pre-Need At Need On Acct Cash AC-212 (Nev. 8-85)	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUDITOR 986 AUG 20 1986	CREDIT 20% Sales Care 7711 80% Sales of Lots 7711 Openings & 16 Service Charges 7712 Gurial Containers 7713 Recording fees or 11 Recording fees or 11 Sales Tax 902 TOTAL PAID	Slock	60

E5.933

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT				SEX	DATE OF BIRTH		DATE OF DEATH	
Clara	a Clark Spriggs	Female	Feb. 14,	1928	May 25, 1986			
PLACE OF DEATH-C	ALTO-OCCUPY OF THE CONTROL OF THE CO	PLACE OF DE	EATH—COUNTY (OR ST.	ATE IF NOT IN CALIFORNIA	C. I. L. C.		SE OR OTHER INFORMANT	
San I	Diego	San (lego		Company of the Compan		Husband	
NAME OF FUNERAL D	DIRECTOR (OR PERSON ACTING AS SUCH)		100000	FORNIA LICENSE NUMBER	THE RESERVE THE PARTY OF THE PA			
Ande	rson-RAgsdale Mortuar	y		329	San Dieg	o, CA	92113	
	TYPE	OF PERMIT. CHE	CK ONLY ONE OF THE	FOLLOWING TYPES OF D	DISPOSITION			
IX 1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			ENT AND REIN	TERMENT OF CREMATED		
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISIN	TERMENT, CREMATION	AND BURIAL				
3. CREMATION CEMETERY	AND DISPOSITION OTHER THAN IN A	(INCL	UDES INURNMENT)					
4. SCIENTIFIC	USE		TERMENT. CREMATION R THAN IN A CEMETE		DISPOSITION	ON OTHER THA	ATED REMAINS AND N IN A CEMETERY	
00.000000000000000000000000000000000000	URPOSE OF ISSUING THIS PERMIT. DISINTERMENT TION. COMPLETE EACH ITEM REQUIRED FOR TH							
	NAME AND ADDRESS OF CEMETERY WH	- Carlon Salar Printer	AND ADDRESS OF THE PARTY OF THE	THE PART WAS TO SERVE THE THE	or other transfer or the st	COUNTY		
BURIAL	Mt. Hope Cemetery;	3751 M	arket Street	; San Dieg	o, CA	San	Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF				ARGE OF CREMATORY		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS	ARE TO BE INTERRE	0		COUNTY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	RELINE. OR O	THER DESCRIPTION S	UFFICIENT TO IDENT	IFY FINAL PLACE A	ND COUNTY O	F DISPOSITION	
ACKNOWLEDGMENT This is to certify that I am the person remains of the above named deceder			on having the right to control the disposition of the lent under provisions of the Health and Safety Code,			SIGNATURE OF APPLICANT		
APPLICANT and I hereby acknowledge that trespass and nuisance laws app this permit gives no right of unrestricted access to property not				DATE SIGNED				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS		UBUPA CONTO CONTO		War on the treatment of		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$3.00	MAY 3 0 19		M. D. Com	RAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSE	JUN 2 198	GULTURE OF	PROPERTY	ARGE OF DISPOSITION			

04358	6 5933	100 072 100 072 100 072	77181 000072 77182 000072 77183 000072 77184 000072 9020	719/86 CK 125	1.101.00 320.00 100.00 180.00 396.00	PAID IN FULL
*,**	You was an	67007	77184	Some many	99.00	

26

INTERMENT ORDER

City of Sar	1 Diego
Disinter & rein	ter Date 25-30-86
You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
of Michael	avosamra
in a Duulele Crust Funeral.	date, time 6/4/86
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an extra charge will be applied
and filled to undersigned. War time veteran	Diano 6
.55 2	7 Round
Lot Grave Row S	SectionBlock
Grave space & Care Fund 6 - 7867 -	- 1961 Daries
Additional spaces and care fund Austin	to 1000
Obening/Closing & Setup	3200
Burial Container Double Dy	oth Crust 3300
Handling Fees	3200
Flower vases - Marker setting fee	Land.
Recording and filing fee	Australia 350
Sales taxes	19.80
30 day 10	Total Due
men 1961. Paid receipt	THE PROPERTY OF THE PROPERTY O
Burnel	Balance due
Lucias 0	Delance due
I hereby certify I am the	of the above named deceden
and this is your authority to make disposition of ren that I have the right to make this authorization and I	agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and in	terment.
hereby authorize the interment in lot I	(elefanda M. Clissamia
hold under deed.	Address ST. SAN DIEG
Signature of recorded holder of deed	Sal CA 92119
	(619) 461-2530
	Talephone A //// 0 7
	Invoice # 04408 /
Work Order # E 5934	Acct. # 0/7657
PY-583 (REV. 8-86)	MARKEN STATE OF THE STATE OF TH

OFFICIAL RECEIPT WHITE TO CUSTOMER CANADITY CEMETERY CANADITY CHAPTERY GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33504	
From: Oleylander (1886)	hent low 8 789 Ruan	St 5 92 119	80
in full payment of the	race Coosan la	fur for decend.	
Lot 2379 Grave Grave Invoice No. 644087	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAGE.	CREDIT 57007 20% Sales Care 77184	10
W.O. E-5934 + Buth Unpaid Balance after this Payment	1986	80% Sales 77184	
Pre-Need C At Need C On Acct C	· 00 /144/	Recording Sees or 100 misc. service fees 77183 80101 Sales Tax 8020	201
AC-212 (Nov. 8-80) 1002	BOUED BY THE WALLET	10TALPAID 2394	80



THE CITY OF

3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

and to remove the same	to and reinter said	remains in	Lot 237	9 Grav
Section Row B	lock Div /D	. Oh Da	sh Ony	w
2379-10		Botton	ンパ	255
The undersigned hereby	certify and represen	nt that they	are the	legal
custodians of the remai	ns and have the righ	nt to make t	this auth	orizat
and that they are relat	ed to the decedent a	as indicated	d below.	The
			MANUFACTOR CONTRACTOR CONTRACTOR	NAME AND ADDRESS OF THE PARTY O
undersigned further agr	(5)	200		19
any liability on accoun	t of said authorizat	ion, dising	erment,	19
any liability on accoun and reinterment.	t of said authorizat	ion, dising	erment,	19
any liability on accoun and reinterment. W	t of said authorizat	ion, dising	erment,	19
any liability on accoun and reinterment.	t of said authorizat	ion, dising	erment,	19
any liability on account and reinterment.	t of said authorizate or to be in which the control of the control	cion, dising	terment, with	19
any liability on accoun and reinterment. W	t of said authorizat	ion, dising	terment, with	19
any liability on account and reinterment. Classific Classific Signature	of said authorizate of the included the incl	Signatu	serment, Walter Ke Mr. ke	renova L itui
any liability on account and reinterment.	of said authorizate of to be in the said of the said authorizate of the said o	Signatu	serment, Walter Ke Mr. ke	renova L itui
any liability on account and reinterment. Cleanly Classical Signature	of said authorizate of to be in the said of the said authorizate of the said o	Signatu	terment, Wi Ke Mu.ke ire on to dec	renova L itui

(Lot owner must sign if not legal custodian)



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Deed

11/27/1961

	OWNERSH	HIP AND INTERMENT PI	UVILEGES	
то	Grace Abosamra	for the sum o	125.00	(DOLLARS)
LEGAL	DESCRIPTION Lot 55, Gr	ave 2, Block 6, Div	rision 6	
AS DES	CRIBED ON PURCHASE ORDER	NUMBER		
held for hereafter Cemeter of the C	ng to a map of said Cemetery file burial privileges only with end or be adopted, including the right y. The rights hereby conveyed for each and expenses the said expenses the said expenses of the said expenses to be a said expenses.	owed care. Subject to all to ingress and egress wit for interment privileges sha very case and must be reco	rules and regulations r thessentials for care as Il not be relinquished w rded in the office of Mou	now in force or may nd operation of the ithout the consent nt Hope Cemetery.
repairs t after be of plot. natural	pressly understood however, that to any monument, head stone, value erected or placed on said lot or placed on the Cemetery Decauses of deterioration, but reset the Cemetery. The following type	ults or other improvements plot. Cost of same shall be division be responsible for erves the right to remove a	of like nature that is alt assumed by legal owner damage, malicious miscl ny object that detracts	eady, or may here- or representatives nief, vandalism and
****	Mon	ument or Flush Memo	orial	
Hays	would Delne		- Kulene de E	mus Cast
Cenere	ry Manager		Park and Recreation	n Director

FORM PR-584

044086 06/13/86 017657	ALEXANDER 100 100 100 67007	M. ABOSAMRA 072 072 072	77182 77183 77184 77184	07/03/86 CK 000072 000072 000072	0203700	670.00 40.00 35.00 476.00	670.00	PAID IN	0,00 FULL
044087 06/13/86 017657	ALEXANDER 100 100 100 60101	M. ABOSAMRA 072 072 072	77181 77182 77183 9020	07/03/86 CK 000072 000072 000072	0203700	1.724.80 320.00 330.00 1.055.00 19.80	1.724.80	PAID IN	0.00 FULL

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

4.214.80

INTERMENT ORDER

City of San Diego

Date 5/30/8L

ou are hereby authorized and instructed,	subject to your rules and regulations, to inter the remain
90.08	m- 1/2 - 16810
Yault/Liner	Funeral, date, time
hurch, Chapel, Graveside	Mortuary Mortuary
II Funeral cars must arrive before 3:30 p.	.m. of regular work day or an extra charge will be applie
nd billed to undersigned. War time veter	an _ NO.
>0	
ot SS Grave Row	Section Division/9++-k
irave space & Care Fund	لسه
dditional spaces and care fund	720
pening/Closing & Setup	Line 100°
urial Container	760.
andling Fees	
ower vases - Marker setting fee	
ecotoms and filling for	35
PAID	. 2
7.7.0	466
MAY 30 (Pai	Total Due
MAI JU Pai	d receipt number 333.79 606
MT. HOPE CEMETERY	Balance due
CITY of SAN DIEGO, CAME	J 20 7 7 77 7
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represer
et I have the right to make this authorization ny liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless fro on and interment.
	50.40
nereby authorize the interment in lot I	Viet Jucky
old under deed.	14921 Elm
preture of recorded holder of deed	Address Palis 92102
	767-7109 140
	Tolephone
	2-1000 cm = 144
Josh Outles # E 5935	Invoice #
ork Order # L J333	Acct. #

·	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	Nº 5/3-	33399	
	From Meil E. Tuck	Address: 4×35 & &	Pate: 9 9 Pollars (8.	6060	0 1
1	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	OREDIT 87007 77184 90% Sales Care 77184 90% Sales 100 07 Lots 77184 90% Sarvice Charges 77181	Division /	0
	Pre-Need At Need On Acct		Suriel Containers 77182 Recording fees or 100 misc, service fees 77183 Sales Tex 9020 TOTAL PAID 6	180	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			SEX	DATE OF BIRTH	J DATE OF DEATH		
Datey Hear	ter Tucker		Female.	10/19/1900	5/29/1986		
PLACE OF DEATH-C		PLACE OF DEATH-COUNTY	(OR STATE IF NOT IN CALIFORNIA)		SPOUSE OR OTHER INFORMANT		
Chula Via	ta	San Diego		Neil E. Tucke	er. Son		
NAME OF FUNERAL D	IRECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER	4921 Elm St.			
Featherin	gill Mortuary		1083	San Diego, Ca	92102		
	TYPE	OF PERMIT. CHECK ONLY ONE	OF THE POLLOWING TYPES OF DE	SPOSITION			
X 1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8. DISINTERMENT AND REMAINS (INCLUDE	REINTERMENT OF CREMATED		
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT. CRE	WATION, AND BURIAL				
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNM	ENT)				
CEMETERY		7. DISINTERMENT, CRE	MATION. AND DISPOSITION		CREMATED REMAINS AND		
A. SCIENTIFIC	USE	OTHER THAN IN A	CEMETERY	DISPOSITION OTHER THAN IN A CEMETERY			
	URPOSE OF ISSUING THIS PERNIT. DISINTERNE! TION: COMPLETE EACH ITEM REQUIRED FOR TH						
1000000000	NAME AND ADDRESS OF CEMETERY WH				UNTY		
BURIAL	Mt. Hope Cemetery,	San Diego, CA		San Diego			
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE C	REMATED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY		
CREMATION	n/a		margaret v	>	ACTOR IN COLUMN TO THE COLUMN		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE II	NTERRED	co	UNTY		
BURIAL AT SEA	ADDRESS NEAREST POINT ON SHORE	RELINE. OR OTHER DESCRIP	TION SUFFICIENT TO IDENTIF	Y FINAL PLACE AND COUN	TY OF DISPOSITION		
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	n/a						
ACKNOWLEDGMENT	This is to certify that I am the pe remains of the above named dec						
OF APPLICANT	and I hereby acknowledge that t this permit gives no right of unre						
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS					
USE	2/4						
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	MAY 3 0 198		E Comes, M. Dynn		
CERTIFICATION	I CERTIFY THAT THE SPECIFIED DISPOSI	1 43100	JUN 2 1986		INCHARGE OF DISPOSITION		

At Case

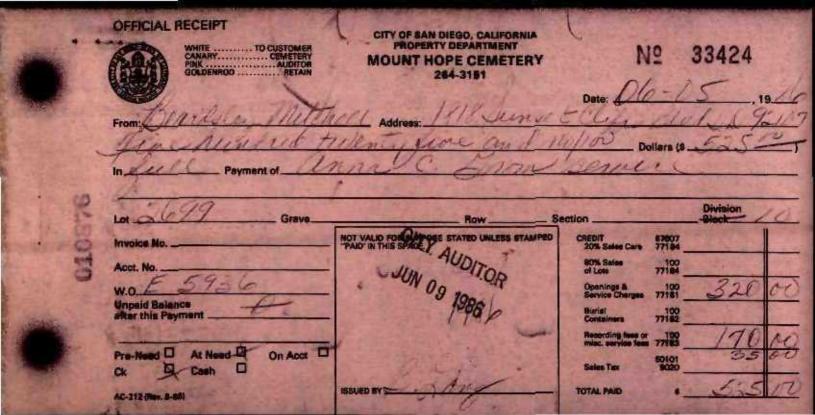
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-30-86

	1	61-	
in a Vault delivere of	heral, date, time	110, 95	10:
Church, Chapel, Graveside	Bea	rdsley	Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an	extra charge will b	e applied
and billed to undersigned. War time veteran	 -x		
Lot 2699 Grave Bow	Section	Division/Block-	10
Lot = 10 Grave now	Section	DIVISION DIOCHE	
Grave space & Care Fund		none	uea
Additional spaces and care fund			1
Opening/Closing & Setup 7.5	<u> </u>	ين	200
Burial Container . Vaul Mule	SKYTH	ain_	
Handling Fees	שור		00
Flower vases - Marker setting fee	JUN 5 1001	L	
Recording and filing fee	1786	3	500
Sales taxes	HOPE CEMETERY of SAN DIEGO, CALIE		erie
t lam) 1-5-81	Total Dec	I, 5e	250
a sulling 6-004	ceipt number 534	24 56	250
Paid re	corpe marines		
Beardsley - Will	bring	Balance due	0-
Beardsley-Wille	bring		0 -
Beardsley - William the	bring ck.	the above named	deceden
Beardsley - Wilke I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as above indiction and lagree to hold Mt. Ho	the above named ated. I certify and	epreser
Seardsley - William the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of remains as above indiction and lagree to hold Mt. Ho	the above named ated. I certify and	epreser
Beardsley - Wilke I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as above indiction and lagree to hold Mt. Ho	the above named ated. I certify and	epreser
Seardsley - With and the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	of remains as above indict and lagree to hold Mt. Ho	the above named ated. I certify and	epreser
Seardsley - With and the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	of remains as above indiction and lagree to hold Mt. Hold and interment.	the above named ated. I certify and	epreser
I hereby certify I am the	of remains as above indiction and I agree to hold Mt. Hold and interment.	the above named ated. I certify and	epreser less from
Seardsley - With and the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	of remains as above indiction and lagree to hold Mt. Hold and interment. Signature Address State	the above named ated. I certify and	epreser less from



E5936

PERMIT FODISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

			SEX	7/22/1890	DATE OF DEATH 5/30/1986
CITY OR TOWN	- CONTROL - CO	San Diego	TE IF NOT IN CALIFORNIAL	NAME AND ADD	RESS OF SPOUSE OR OTHER INFORMANT
		Y ONE OF THE F	OLLOWING TYPES OF	DISPOSITION	
CLUDES ENTOMBMENT)			. IINCLUDES		ENT AND REINTERMENT OF CREMATED INCLUDES INURNMENT)
N AND BURIAL (INCLUDES INURNMENT)			, AND BURIAL		ENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY
			av .	FOR	CORONER'S USE ONLY
Mr. Hope Camptery		R CREMATED REMAI	NS ARE TO BE INTERRE	Ö	COUNTY San Diago
NAME AND ADDRESS OF CREMATORY W	HERE REMAINS AP	RE TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN CHARGE OF CREMATORY
ADDRESS, NEAREST POINT ON SHORELI	NE. OR OTHER DI	ESCRIPTION SUFFICIE	NT TO IDENTIFY FINAL	PLACE AND COUR	NTY OF DISPOSITION
NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS				
remains of the above named dece and I hereby acknowledge that tre	dent under prov spass and nuise	isions of the Healt ance laws apply a	h and Safety Code, nd understand that	SIGNATURE OF A	APPLICANT
OF THE CALIFORNIA HEALTH AND SAFETY COD	E AND IS THE	OUNT OF FEE PAID \$3.00	JŮÍN °6™3'°51986	SIGNATURE OF	LEAR RECOVERAR ISSUING PERMIT
I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON EN	5 1986 TER DATE!	SIGNATURE OF PE	RSON IN CHARGE OF D	ISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEAT	iH #≅			
	TYPE OF PERA CLUDES ENTOMBMENT) N AND BURIAL IINCLUDES INURNMENT! N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY W NAME AND ADDRESS OF CREMATORY W NAME AND ADDRESS OF CREMATORY W NAME AND ADDRESS OF FACILITY RECI NA This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that the this permit gives no right of unrest THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED III II CERTIFY THAT THE SPECIFIED III III CERTIFY THAT THE SPECIFIED III II CERTIFY THAT THE SPECIFIED III III CERTIFY THAT THE SPECIFIED III II CERTIFY THE SPECIFIED III II CERTIFY THAT THE SPECIFIED III II CERTIFY THE SPECIFIED III II CERTIFY THAT THE SPECIFIED III II CERTIFY THE SPECIFIED III CERTIFY THE SPECIFIED III II CERTIFY THE SPECIFIED III CERTIFY THE SPECIFIED I	TYPE OF PERMIT, CHECK ONI TYPE OF PERMIT, CHECK ONI CLUDES ENTOMBMENT) N AND BURIAL IINCLUDES INURNMENTI N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY WHERE REMAINS OF OTHER NAME AND ADDRESS OF CREMATORY WHERE REMAINS OF ADDRESS, NEAREST POINT ON SHORELINE. OR OTHER DISPOSITION OF THE PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED JUN 5 1986 ENTER DATE	CITY OR TOWN SOF FUNERAL DIRECTOR, FOR PERSON ACTING AS SUCH CALIFO TYPE OF PERMIT, CHECK ONLY ONE OF THE PROVISIONS N AND BURIAL FINCLUDES INURNMENT! N AND DISPOSITION OTHER THAN IN A USE TO DISINTERMENT, CREMATION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAIL NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIE NAME AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I cam the person having the right to control the remains of the above named decedent under provisions of the Health and I hereby acknowledge that tresposs and nuisance lows apply or this permit gives no right of unrestricted access to property not owned the CALIFORNIA REALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED JUN 5 1986 SIGNATURE OF PERMIT IS SECURED OF REGISTRAR OF COUNTY OF DEATH INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	CITY OR TOWN PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SOF FUNERAL DIRECTOR, IOR PERSON ACTING AS SUCH) TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF CLUDES ENTOMBMENT) TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF CLUDES ENTOMBMENT) SO DISINTERMENT AND BURIAL INCLUDES ENTOMBMENT; AND BURIAL INCLUDES INURNMENTI AND DISPOSITION OTHER THAN IN A TO DISINTERMENT, CREMATION, AND BURIAL INCLUDES INURNMENTI OTHER THAN IN A CEMETERY NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED ADDRESS, NEAREST POINT ON SHORELINE. OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL NAME AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposts and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not awned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORY FOR THE DESPOSITION SPICIFIED IN THIS PERMIT LICENTIFY THAT THE SPECIFIED JUN 5 1986 ENTER DATE INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION CLUDES ENTOMBMENT) N AND BURIAL IINCLUDES INURIMENT N AND DISPOSITION OTHER THAN IN A USE INAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED NAME AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespons and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not awned by me. INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

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

INTERMENT ORDER City of San Diego You are bereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setu Burial Container ... Handling Fees . Setting ten S CEMETERY Recording and filing GITY aLSAN DIEGO, CALL Sales taxes Balance due by certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed

Invoice #

Acct. #

E 5937

PY-593 (REV. 8-85)

5-19-87 32800 6-18-87 34718 CK 3710 35040



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

NIO 22/00

GOLDENROD ALDITOR	264-3161	IV.	33400
Alancoline V	Man Color Paris	Date: 05-6	0 19/6
Promptended a	na Address: 549 Januare	Dollars (\$	12000
In Dark Payment of 9	rencedlot		
Lot 1 Grave	8 C/Am	iection /	Division //
Invoice No.	AL	CREDIT 67007 20% Seles Care 77184	
Acct. No	"PAID IN THIS SPACE. JUN 03 100	90% Sales 100 77184	10000
W.O. E Unpaid Balance after this Payment #395 80	010 1986	Openings & 100 Service Charges 77181 _ Buriel 100	
\$95 duct 50 ma	114	Recording tees or 100 miss, service fees 77183	
Pre-Need At Need On Acct	24	Salas Tax 80101 8020	
AC-212 (Rev. 8-85)	ISSUED BY D. Dang	TOTAL PAID 0 _	100 00

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		La Die				776	.05				
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	nt due ate abo	when p	aid on		ore.)	\$	6	6.	00	
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							s	6	7		
NAM	E			An	nount l	Receive	ed \$	-			
ADD	AESS			-16							
nuu											

SECURIO DE CONTRACTOR DE CONTR
WHITE TO CLISTOMER
PINK GEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDITOR	MOUNT HOPE CEMETERY			~
From: F Cycare	Address: 5491 Laure	Date:	6-16 4 S.A. 18	6.1
Sexty - Slace		Do	llars \$ 67.00	
In Payment of	dit dat sple	laugen	4 2	200
Lot 67 Grave	8 Row_se	ection /	Division //	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TAID IN THIS SPACE,	CREDIT 20% Sales Care 30% Sales	67007 77184 100 6-7	_
W.O. E-5937		of Lots Opening/ Closing	77184 100 77181	100
BALANCE DUE 201.00		Buriel Covisions Hendling Fee	77182 100 77183	45
Pre-Need Lot At Need On Acct	/ 11 /	Recording & Misc. Fees Pre-Need Trust	100 77183 63033 9022	
AC-212 (New 11-ea) 363/	100000 Seryly Word	TOTAL PAID	90101 78380 8 67	-

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due da	rte abo	(2	0 t	h			\$		6.	Care Mile	
Amou after o	nt due i lue dat	f paid i	more th	ап	da	ys	\$		1.	00	
							s		67	.00	
NAM	E			Ап	nount l	Receive	ed \$	_			
ADD	RESS								Vests		
CITY		-				STAT			ZIP		

WHITE TO CUSTOMEN CANARY CEMETERY NUMBER AUDITOR

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

(Sale)	284-3151		
Jona andin 11	(ma) =11918/11	Date	9205
Two Read	ed Seite - one	Dollars (\$	261,00
fnPayment of	Eslance of U	edit dat	ple
67	8	1	Division //
Lot Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 -	991-
Acct. No.		80% Sales 100 of Lots 77184 -	162-
w.o. E -575'/	· · · · · · · · · · · · · · · · · · ·	Opening/ 100 Closing 77181 - Burial 100 Containers 77182 -	
BALANCE DUE		Handling Fee 77183 - Repording & 100 Misc. Fees 77183 -	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check \$	0/14/	Pre-Need 63003 Trust 9072 -	
Pre-need Trust LJ Cash Check § 28 AC-212 (Rev. 11-86)	Hendred Was	GOTAL PAID 8	241-

INTERMENT ORDER

City of San Diego

Date 05-30-86

of Garage	Ministrala was
in a Visit Vault Fur	neral, date, time fully 93 1:00
Church, Chapel, Graveside	Goodberdy Mortuary
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _	
20/2	10
Lot 2062 Grave Row	Section Division/Block
Grave space & Care Fund	Francoa
Additional spaces and care fund	2000 0 5 5000 0 2000 0 2000 0 7 11 11 11 11 12 12 12 12 12 12 12 12 12
Opening/Closing & Setup	32000
Burial Container	11500
	21000
Handling FeesJUN	21986
Flower vases - Marker setting fee	CEMETERY 350
CITY of SAN	DIEGO, CALIR.
Sales taxes	7110
Modley 6-2-86	771/0 4 7/0 6
Paid re	ceipt number 9390 / 1703
equald-46.	Balance due
heraby certify I am the	of the above named decedent
and this is your authority to make disposition of	of remains as above indicated. I certify and represent
any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Signature Address
	Address
hold under deed. Signature & Receivinger Signature of deed	Addresse Zip Code
	Address State Zip Code Telephone



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33407

From: Allenia Bosinse	Ton and Solor	Date: G	la diars (\$.	7105	26
Lot 3 - 6 - Grave	The state of the s	ection		Division Block	10
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE"	CREDIT 20% Sales Care 80% Sales of Lots Openings & Service Charges	77184	2:0	00
Unpaid Balance after this Payment	· JUN OF TOP POR	Buriel Containers Recording fees or misc. service fees	77182 100	175	00
Ck Cash On Acct CASh	ISSUED BY SOANGE	Sales Tax. TOTAL PAID	60101 8020 _	710	50

55938

PERMIT FOR ISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR FRASURES

NAME OF DECEDEN	T			SEX	DATE OF BIRTH	DATE OF DEATH		
JOHN PIER	CE HUFF			MALE	3/17/99	5/30/86		
PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA SAN DIEGO SAN DIEGO			ATE IF NOT IN CALIFORNIAL	NAME AND ADDR	LEE ROSENBERGER DAUGH			
NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH CALIFORNIA LICENSE NUMBER GOODBODY MORTUARY SAN DIEGO, CA F790				4726 Vist				
	TYPE OF PERA	AIT, CHECK ON	LY ONE OF THE F	OLLOWING TYPES OF	DISPOSITION			
7 1. BURIAL (IN	CLUDES ENTOMBMENT)		ERMENT AND BURIA	4 (INCLUDES		NT AND REINTERMENT OF CREMATED ICLUDES INURNMENT)		
ALM NOT HOME TO CA-TURE	N AND BURIAL (INCLUDES INURNMENT)		ERMENT, CREMATIO DES INURNMENT)	N, AND BURIAL	9 DISINTERME DISPOSITION	NT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY		
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 TO 4 SCIENTIFIC USE			7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W		OR CREMATED REMA		D	SAN DIEGO		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS A	RE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PI	ERSON IN CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER D	ESCRIPTION SUFFIC	IENT TO IDENTIFY FINAL	PLACE AND COUNT	TY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS						
ACKNOWLEDGMENT OF APPLICANT This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposs and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.					SIGNATURE OF APPLICANT DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	\$3.00	JUN 2 1986	SIGNATURE OF LO	LE CENTRE M.B. 1941		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON CENTRED	3 1986 VTER DATE)	SIGNATURE OF P	erson in Charge of C	ISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEA	ТН					

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

INTERMENT ORDER

Michael Whys	San Diego
Thursday Cooks	mra Date 6/1/86
sollom paince	·Olypt
You are hereby authorized and instructed, subject	to your fales and regulations, to inter the remains
of grace the U	oosamra 1
inte South Cuff - Stuner	al, date, time Wex 4:30Am 6/4
Church, Chapel, Graveside 73 9:3	10 485; Euch-anderson Mortuary.
All Funeral cars must arrive before 3:30 p.m. of r	egular work day or an extra charge will be applied
and billed to undersigned. War time veteran \$\int 0.720	<u>/o</u> .
DEA -	-7-
Lot Grave Row	Section Division/Block
Grave space & Care Fund	49500
Additional spaces and care fund	Flory-
Opening/Closing & Setup	C. SP. 24
Burial Container	E 0/3/
Handling Fees Sealing Lawy	Cupit - 40.00
Flower vases - Marker setting fee	
Recording and filing fee	<u>35.00</u>
Sales taxes	
£	Total Due
Paid rece	ipt number
	Balance due
P	balance oue
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of a	remains as above indicated. I certify and represent d lagree to hold Mt. Hope Cametery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Signature Williams
Signature of recorded holder of dead	Address
The second secon	Status Zip Code
	Telephone , , , , , ,
	044786
E Econ	Invoice #
Work Order # E 5939	Acct. #
CONTRACTOR AND A STATE OF THE S	

W.O. NO. E 5934 E 5939

NOTE-STRAIGHT

£5939

1	_			🗸	77,040	
2394 =		San Diego,	, California,	Kene	-2	1986
	-30-	days_afte	r date, for value rece	ived, the undersigned	maker(s) promis	e(s) to pay to
Mt. Hope	Cemetery or	San Diego Cit	y Treasurer	STATE OF THE STATE		Washington Pen
2000	4 - 10 W 9810 KG - 4					, or order
at3751 Mari	ket St., Sar	Diego, CA 92	102			
the sum of	my the K	will renty be	WW 10			DOLLARS.
with interest from _		WHY 3-144	6	on the	unpaid principal	at the rate of
12	per cent per annum	AMME	A2 25 3V 3V 3V 3C	No. 100 - 10 - No. 100 -		70.0
interest when due,	the whole sum of pr	lue, it shall thereafter be rincipal and accrued inte	erest shall become in	nmediately due, with	out notice, at the	option of the
holder of this note. I United States, Each	Interest after maturit maker will be jointly	y will accrue at the rate i and severally liable and	indicated above Print consents to renewal	cipal and interest are is, replacements and	payable in lawful extensions of time	money of the tor payment
hereof before, at or a	after maturity, and w.	aives presentment, dema ecourse may be had aga	ind and protest and the	he right to assert any	statute of limitation	ns. A married
action be instituted	on this note, the un	dersigned promise(s) to	pay such sum as th	e Gourl may fix as a	torney's lees	wesens and and
5			_x (x	Clyander My	Wosau	×
*			74	, , , , , , , , , , , , , , , , , , ,		
MAKE ALL	AYMENTS AT	MT. HOPE CEME	TERY OFFICE	ма	iling Addr	688

55- 2-6605 want the Bottom of upper unte Sealed By floating Cement or Seam Please gine > Sen Popu Work on 4 Cord

LOT OWNER E-5939 ABOSAMRA, Alexander M., 7139 Ruane St., SD, 92119 NAME ADDRESS LOT2 379 GR. ROW SEC BLK DIV 10 DOUBLE DEPTH CRYPT for Grace & Michale Abosamra TAYLOR SYSTEM OF CEMETERY RECORDING PR-961 (REV. 1-83)

PERMIT FOR POSITION OF HENAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T		SEX	DATE OF BIRTH	DATE OF DEATH	
GRACE AM	E ARGEMEA		Female	April 9.1	1912 June 1, 1986	
PLACE OF DEATH-		PLACE OF DEATH-COUNTY	AND REAL PROPERTY OF THE PARTY		SS OF SPOUSE OR OTHER INFORMANT	
La Mesa	epinoritasionotares ii:	San Diego	THE GROWN HOME AT CHARLEST WAS A LINE OF THE COMMITTEE AND	ALC: TO SERVICE AND ADDRESS OF THE PARTY OF	r M. Abosamra, Son	
	S OF FUNERAL DIRECTOR ION PERSON AC		CALIFORNIA LICENSE NUMBER	7139 Buar		
Erickson-	Anderson Mortuary		F-296	San Diego, CA 92119		
	TYPE OF PERA	NIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES C	F DISPOSITION		
🌠 1. BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	B DISINTERMENT REMAINS (INCL	AND REINTERMENT OF CREMATED UDES INURINENT)	
	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREI FINCLUDES INURNME	MATION, AND BURIAL NTI	9 DISINTERMENT DISPOSITION C	OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY	
☐ 3 CREMATION CEMETERY		7 DISINTERMENT, CREE	MATION, AND DISPOSITION EMETERY	FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W	v. San Diego.	CA 3751 Maxice	t St.	COUNTY Ban Diego SON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION S	UFFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY	OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		478		
acknowledgment Of Applicant	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	SIGNATURE OF APPLICANT DATE SIGNED				
LÓCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	PAID DATE PERMIT ISSUED	SIGNATURE OF LOC	A REGISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	1/00	OF PERSON IN THE PERSON OF	DISPOSITION LI	CENSE NUMBER OF CREMATED REMAINS SPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0	**		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY, 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

... E5939

INTERMENT ORDER

City of San Diego

Date 06-02-86

Proces	Mounts Day
	Summi day 1 2:0
n a	Pulleral, date, tillie
Church, Chapel, Graveside	t Survivade Mortuan
III Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge will be applied
d billed to undersigned. War time vetera	an
llad	2 0
ot 774 GraveRow	Section Division / Block
	Que es
irave space & Care Fund	Trenee
dditional spaces and care fund	
pening/Closing & Setup	3209
urial Container	CAIDI+ 100°
DOMESTIC SAME	14 14 13
landling Fees	JUN 4
lower vases - Marker setting fee	
ecording and filing fee	MT. HOPE CEMETERY 35°
ales taxes	TTY of SAN DIEGO, CALIF.
프로젝트 중요 경기를 하면 하는 것이 있는데, 이번 경기를 하는 것이 되었다. 그 사람이 되었다면 가장이 없는데, 그 사람이 없는데, 그 사람에 없는데, 그 사람이 없는데, 그 사람에 없어, 그 사람에 없는데, 그 사	1-01- CANGE
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cela my water	id receipt number 334/3 25/
m Mostuary 6	4-86 2241 - Balance due 355
Med by Walt of many 6	4-86 334/5 Balance due 355
hersby certify I am the	of the above named deceder
hereby certify I am the nd this is your authority to make dispositi	<u> </u>
hereby certify I am the nd this is your authority to make dispositi hat I have the right to make this authorizat	of the above named deceder ion of remains as above indicated. I certify and represer tion and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the nd this is your authority to make dispositi hat I have the right to make this authorizati ny liability on account of said authorization	of the above named deceder ion of remains as above indicated. I certify and represer tion and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represer tion and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represer tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represention and lagree to hold Mt. Hope Cemetery harmless from and interment.
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represention and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address State
hereby certify I am the	of the above named deceder ion of remains as above indicated. I certify and represention and Lagree to hold Mt. Hope Cemetery harmless from and interment.
hereby certify I am the nd this is your authority to make dispositi	of the above named deceder ion of remains as above indicated. I certify and represention and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address State

E5940

INTERMENT ORDER AND AUTHORIZATION

Contract No			Interment No.		Date
No interment shall take p to the Cometery perform			ority, algned by the pro	per relative or legal repre	sentative of the deceased has been give
undersigned hereby	request and	authorize:			4 1 10
Name of Cemetery in accordance with and so	MT ubject to its	HOPE rules and regu	lations to inter the rem	ains of:	
NAME OF DECEDENT	Fer	ris A	Mounts		Age 92 Sex Pe
in the following described	74 2		Lawn	Double Depth Yes	П. Ма П. Sandian 3
0					LI NOLI SECTION
CryptTier	STATE OF THE PARTY			Mausoleum .	
Niche No.		Litera Waller	A CHARLES AND A CHARLES THE CHARLES AND ADDRESS OF	The Roll of The Control of the Contr	
interment, entombment or remains of the deceased representative(s) of the o entombment or inurnment purchased in connection	r inumment as indicate wner(s) of in it of the re- with this int	of the remains ed above. The the above desc mains of the he terment in the I	of the deceased, and hundersigned hereby further lights erein named deceased interment Right describ	ereby authorize the above urther certify and represer s and hereby authorize use L Cemetery is hereby authored herein.	having the full legal authority to direct the named cemetery to make disposition of the that they are the owner(s) or authorized of said Interment Rights of the interment prized to install any outer burial contains
eonable attorneys' fee authorized hereunder.	agree to H	inst any loss i	t or any of them may	sustain in connection with	ployees from any and all liability, including the interment, entombment or inurnment.
Signature Quen	u /	alie	, Jun	e Pattillo	1 Dung
Address 14215	Pecan	Park (n El Cajon	(505 P A)	Relationship to Deceased Tel. No. 443 - 5707
	Street	City	State	Zip	
Signature (Authorized Repres	entative)		Print Name		Relationship to Deceased
Address	Stree		City St	ate Zip	Tel. No.
			OFFICE US	EONLY	
Funeral Director					Interment Fee \$ Tel
Address	292	The state of the s	The same		Time of Senior
of Outer Burial Cont	niner		Day		Time of Service
Dedication Service		ACC 198 25	Day	Date	A STATE OF THE STA
Date of Birth	A 15 %	_ Place of Birt			No. of years in County
Date of Death		Place of Dea	Wilder Control of the		No. of years in State
		OT	HER NEAR RELATIV	ES OF DECEASED	
(alno		Addre	•		Relation
lame		Addre	•		Relation
lame		Addre	•••		Relation
lame		Addre	08		Refellori
Order Tehen By Walk		Location	Checked and Verified		
OKA BY		TOTAL TOTAL	Defe		
	Tat Book	Plet	Card		
Recorded By		100000000000000000000000000000000000000	Contract Con		

FORM: 23 REV. 8/85

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From Lakisely fonty to	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161 Address: 9840 Main	Date: 6-: Luchsauds Dollars (6	33413 386 92040 25120
Lot 474 Grave	(3) Row 8	ection 3	Division 8
Acct. No. Acct. No. W.O. E - 5940 Unpaid Balance after this Payment Pre-Need At Need On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRANSPORTED TO THE PROPERTY OF 1986	CREDIT 20% Sales Care 77184 80% Sales 100 of Los 77184 Openings 4 100 Sarvice Charges 77181 Burist 100 Containers 77182 Recording less or 100 misc, service fees 77183	10000
Ck G Cash G AC-212 (Rev. 8-85)	ESSUED BY LOQUES TELLEN	Sales Tax 9020 TOTAL PAID 6	25109



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

Nº 33415

From: MIXI PUTTIBLE	Address: 14215 Plean	Date: De-l	2019	262
In Aud Payment of 71	Res In Bay	Prent ce	Division	0
Lot 4/7 Grave	The second secon	action	_ Block	-
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 87007 20% Sales Care 77184	CALIFIE !	
Acct. No.	Alin	80% Sales 100 of Lots 77184		
W.O. E 5940	JUN OF 1985	Openings 6 100 Service Charges 77181	300	OC
Unpaid Balance after this Payment	6 190	Guriel 100 Containers 77182	100	
	-06	Recording fees or 100 miss: service fees 77183	20	0
Pre-Need At Need On Acct	24	Sales Tex 9020	To The	
AC-212 (Rev. 8-85)	ISSUED BY AND	TOTAL PAID .	355	00

-E5940



		JSE BLACK INK	-MAKE NO ALIE	KATIONS OR EKASURE	:5				
NAME OF DECEDEN	Perris M. Gay		The second second	SEX Female	12/8/189	3 5/31/1986			
PLACE OF DEATH—CITY OR TOWN PLACE OF DEATH—C			ın Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INF. June Pattillo - Daughter ORNIA LICENSE NUMBER 14215 Pecan Park In. #50		tillo - Daughter can Park In. #50	NT		
120,000			UIV ONE OF THE I	OLLOWING TYPES OF		, 04 32021			
2. CREMATION	CLUDES ENTOMBMENT) N AND BURIAL IINCLUDES INURNMENT)	5 DISIN' ENTO	TERMENT AND BURIA MBMENT) TERMENT, CREMATIO UDES INURNMENT)	L IINCLUDES	B DISINTERMEI	NT AND REINTERMENT OF CREMATED ICLUDES INURNMENT) NT OF CREMATED REMAINS AND I OTHER THAN IN A CEMETERY	8		
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING					
INTERMENT	Mt Hope Cemetery	HERE REMAINS	OR CREMATER REMA	INS ARE TO BE INTERRE	r King, Jr	San Diego			
CREMATION	NAME AND ADDRESS OF CREMATORY V	HERE REMAINS A	ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE OF CREMATORY			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION							
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS							
ACKNOWLEDGMENT OF This is to certify that I am the person having the right to a remains of the above named decedent under provisions of and I hereby advandables that treasures and automate have		visions of the Health and Safety Code,		SIGNATURE OF APPLICANT DATE SIGNED					
APPLICANT LOCAL REGISTRAR	this permit gives no right of unrestricted access to property not owned by me. This PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID DATE PERMIT ISSUE				SIGNATURE OF LO	PAURESH HAR ISSUING PERMIT	S		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED IN DISPOSITION WAS MADE ON SECURIFIED IN SE	3 1986 NTER DATE)	\$3.00 SIGNATURE OF P	ERSON IN CHARGE OF D		LICENSE NUMBER OF CREMATED REN DISPOSER, IF APPLICABLE	IAINS		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEA	ATH						

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

INTERMENT ORDER

City of San Diego

Date 06-02-86

- Eugi	ma	0	Daw	w,	,
. 0	42	Funeral.	date, time Z	ues 9	9 11:3
Vaud	DOD.	ins.	\mathcal{L}	milias	(66)
nurch, Chapel, Graves		1	- 09	ww	Mortuar
l Funeral cars must a	rrive before 3:3	0 p.m. of regu	ılar work day o	en extra charge	will be applie
d billed to undersign	ed. War,time ve	teran 🚤] [
63	2	1		X	11
Grave_	Row	+s	ection + ×	Division/Blo	ok- //
	MA	P V	nt X98	3 /	man
ave space & Care Fu	nd	·		=×	erce
iditional spaces and o	earle fund	\·	<i>f</i>		2000
pening/Closink & Ser	tup		\		3000
rial Container		<u> </u>		7	_\
andling Fees	1	7	//		1
SO WARRED BASKING KARRING	//	······	//	******	1
ower vases - Marker	and the same and the	/	/		200
cording and filing fee	•/		·		DOF
les taxes			/ 	*****	
alod be	/		Total D	ve	
uea x z	V	Paid receipt r	uroker /	Assessment transfer and the contract of the co	
m (of the	us		7		
				Balance due	
ereby certify I am the				_ of the above na	med decede
d this is your authori	ty to make dispo	sition of rem	ams as above	indicated. I certify	and represe
at I have the right to m y liability on account	of said authoriz	ation and int	erment.	t. Hope Cemetery	narmiess fro
		/			
ereby authorize the i	nterment in lot	1	Signature		
id under deed.			Address	/	w. esc
nature of recorded holder of deed	CT THE COUNTY	3.5	Address	/	
			State		Zip Co
			Talaphone	/	Viela
				100	1.13
			4 4 46	11 11	LILVE J
ork Order # E 59	244		Invoice #	111/	440

MOPE CEMETERY

INTERMENT ORDER

Judy Sell City of San Diego

of the	Derry.
in a Fund	eral, date, time
Church, Chapel, Graveside	, Mortus
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge will be appl
and billed to undersigned. War time veteran	
Lot 94 Grave 3 Row —	1 7
ot Row	Section Division/Block
Grave space & Care Fund	SY
Additional spaces and care fund $2.$	L MU, D()
Burial Container	edit =
Handling Fees	7/0
Flower vases - Marker setting fee	a
Recording and filing fee	
Sales taxes	
	Total Due 391.0
, Paid rec	eipt number 33405 200
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Balance due 575
\a_A_0	1 lover
I hereby certify I am the	of the above named deced
that I have the right to make this authorization a any liability on account of said authorization ar	remains as above indicated. I certify and repres nd I agree to hold Mt. Hope Cemetery harmless for
any naturally on account of sale authorization at	selle at
hereby authorize the interment in lot i	Myselline youngs
hold under deed.	Address
Signature of recorded holder of deed	
	264-2185 26
0 <u>-</u> 0,000,000	Invoice #
Work Order # E 5942	Acct.#
	Children III

9	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From June 1	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 5484 Trans	Date: Cly	Nº 30	188
	In feel Payment of CA	B ROW_S	ection_/	Division Block	7
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6	7007 //9	100
	Acct. No. E 5942	CITY AUBITOR	80% Sales of Lots 7 Opening/ Closing 7 Buriel	100 26 7184 26 100 7181 100	, 00
-	BALANCE DUE	APR 29 1988	Handling Fee 7 Recording & Misc, Fees 7	7182 100 7185 100 7183	
No.	Pre-Need Lot At Need On Acct		Truet	3033 9022 0101	
	AC-212 (Nev. 10-87) 820	ISSUED BY LEGYLWHITH		176	60

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 5484 Tr	Date: 6/2/8 eneddlky	33405 6 ,18 1D 92114
	in Part Payment of CAL	let Lale of Camiling	grane for	Division 7
	Invoice No	NOT VALID FOR HANDON STATED IN THIS SPACE OF 1986	CREDIT 87007 20% Sales Care 77194 80% Sales Care 100 of Lots 77184 Openings 8 100	20 -
	Unpaid Belance after this Payment 57	1986	Openings 8 100 Service Charges 77181 Buriel 100 Container 77182 Recording fees or 100 miss, service fees 77183	
	Pre-Need At Need On Acct C	Busines	Solve Tex 8020	2000

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

Nº 33595

From: Carlene	Level	and molling	Trinidad W	ollers (4.	Ma Ca	9:11
Tau	ment of	litable	lot		Division	7
Invoice No.	Grave N	NOT VALID TO PURPOSE STATED UNLESS	SectionSTAMPED CREOT NOW Selec Care	87007 77184	Block	Í
Acet. No	2	AUG 05 1985	80% Sales of Lets Openings & Service Charges	100 77184 100	75	00
Unpeid Balance after this Payment	50000	5 1985	Service Charges Burial Containers	77181 _ 100 77182 _		
Pre-Need At Need	Olivers		Recording fees of miss, service fees	77183 _ 90101 9020		P.
Ck Cesh C	ALL MAN TO SERVICE AND ADDRESS OF THE PARTY	SSUED BY STANG	Seles Tex TOTAL PAID	• _	15	00

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CLISTOMER CAMARY CEMETERY PRIC AUDITOR GOLDENBOD RETAIN 33791 MOUNT HOPE CEMETERY 264-3151 Section MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No. CITY AUDITOR Acct. No. OCT 1 0 1986 **Unpeid Balance** after this Paymen On Acct AC-212 May, 8-86

OFFICIAL RECEIPT

	WHITE TO CUSTOMER CAMARY CEMETERY AUDITOR
便到	

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

	From: Wene Caus	284-3151 12 Address 5484 Din	Date: 04	1-22 OCa	92114
STATE OF THE PARTY	In Act Payment of	Moncot est	0	oilars (\$ _/5	500,
	Lot 94 Grave		ection /	Divisio Block	
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT SON Sales Care 80% Sales S	67007 77184 100 17184 100 77185 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183	5000
	AO-212 (Nev. 11-86)	ISSUED BY L'OANS	TOTAL PAID	15	000

OFFICIAL RECEIPT

WHITE	TO CUSTOM
PINK	AUDITO

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

From while Greens	Address 5 184 Frigu	Date: 6	-1/ .1087
In Payment of Call	ut St Sales	Ca.	Division 7
Invoice No	MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	HOS Sales of Lots Opening/ Closing Burial Covining Fos Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183
AG-212 (Rev. 11-88) //65	ISSUED BY	TOTAL PAID	50-

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37	Ca	71	-	Y	oun				18 PC	YUF	- 60
							Way			127	-
	Sa		Dia	80	. 0	A	921	14			-7
FEB A							SEP				JAN
				4		X			-	-	
mount ue date			paid on	Victor Mon	fore.	1	5		25:	00	
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fter due							8			*	-
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VAME				Ап	nount f	Receive	ed \$				
ADDRE	-00										
CITY	533	_									
CITY						CTAT	-		710		
nd or be	OT I	me co	upen w	rith ea	ch rem		s new				3
DO N	OT I	MAIL No.	ENTIR	E BOI	ch reen OK 42	his is	e Co	DUP	lress 		3
DO N	OT I	MAIL No.	ENTIR	E BOI	ch reen OK 42	his is	· CC	DUP	lress 		3
DO N	OT I	MAIL F No.	ENTIR E- ene T1	E BO	ch rem OK 42	his is	· Co	OUP IV	on	1	3
DO N	OT I	MAIL F No.	ENTIR E- Enc T1 D1.e	E BOIL	ch rem OK 42	his is	e Co	OUP	on	1	3 DEC
DO N ACCO	OT I	MAIL No. 171 84 Mon MAR	ENTIR E- ENTIR E- ENTIR D1.0	E BOO	ch rem OK 42 0 us 1 d a sy Di	his is	• Co	DUP	ON	1 Nov	
DO N ACCO	OT I	MAIL F No. 171 84 Mon MAR	ENTIR B-	E BOO	out day Di	his in ittance	• Co	DUP	ON	1 Nov	
DO N	OT I	MAIL F No. 171 84 IM Mon MAR	ENTIR B- ENTR B- ENTIR B- ENTR B- EN	E BOO	out ida	his in ittance	• Co	DUP	ON	1 Nov	
DO N ACCO	OT I	MAIL F No. 171 84 IM Mon MAR	ENTIR B- ENTR B- ENTIR B- ENTR B- EN	E BOO	out ida	his is	• Co	DUP	ON	1 Nov	
DO N ACCO	OT I	MAIL F No. 171 84 IM Mon MAR	ENTIR B- ENTR B- ENTIR B- ENTR B- EN	MAY Annual Control of the control o	ch rem	his invitance	• Co	DUP	ON	1 Nov	
DO N ACCC	OUNT CS 54 54 Sa due v above	MAIL F No. 171 84 IM Mon MAR	ENTIR B- ENTR B- ENTIR B- ENTR B- EN	MAY Annual Control of the control o	ch rem	his invitance	• CC	DUP	ON	1 Nov	

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Carlene Yester Carle Car	CITY OF EAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address 5484 True Too Cult like	nillas d	No.	35589 2 1988 8 9211K	
2 wall	Lot	ROW_SE NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUDITOR JAN 22 1988 ISSUED BY PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Buriel Containers Hendling Fee Recording & Miso, Fees Pre-Need Trust Sales Tax TOTAL PAID		7500	

NAME YO	oung, Carlene		ACCT. NO.	E-5942
ADDRESS	5484 Trinidad Way, San Diego, Ca 92114	RATING	LIMIT	
DATE	ITEMS	DEBIT	CREDIT	BALANCE
Jun 2 86	Leceipt # 36095	595 00	17500	175 00 OD
8				
AIGNER FORM NO	Young, Carlene	94 - 3 - 1 -	7 •	RINTED IN USA

MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/2/86

You are hereby authorized and instructed,	, subject to your rules and regulations, to inter the r	remains
of Eugeneal Li	Daver,	
ina gold Line	Fungral, date, time 11:30 Am 6/3 7	Wes
Veult/Liner C	11 1 . ~ 0 .	- 20
Church, Chapel, Graveside	only : Lower Colonia M	lortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge will be	applied
and billed to undersigned. War time veter	ran No Droposa	
10 0	With the second	. /
Lot 63 Grave 4 Row_	Section Division/Black	
@ \	0000113-	
Grave space & Care Fund ()	ven aux 6000	
Additional spaces and care fund	D- 2471	
Opening/Closing & Setup	2	200
(1). (1)		00
Burial Container	70	
Handling Fees		4 -
Flower vases - Marker setting fee		
Recording and filing feeJUN	2	3500
		400
Sales taxes MT. HOF	PE CEMETERY	0/ 00
CTTY of SA	N DIEGO, CALIE	16 -
0-2-86 Pa	nid receipt number 3340 L 60	160
XOP	Balance due	2
0		
I hereby certify I am the	Of the above navied of	lecedent
and this is your authority to make disposit that I have the right to make this authoriza	tion of remains as above indicated cently and re	
any liability on account of said authorizati	ion and interpent.	sss from
	Aller V Colla	4
hereby authorize the interment in lot I	() state of the	X
hold under deed.	Signature	
Signeture of recorded holder of dead	Address	ā,
	Siene	Zip Code
	Talaphore	
	75 (FW-W)	
Part of the second	Invaice #	
Work Order # E 5943	X609-(301/1) 2 (
PY-580 (REV. S-86)	Acet. #	

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº	33406	
	From Droth Ware or	N Address: 502-Gru	Date: 6/2	186,19	
*	In full Payment of	tume of feer Eugen	n Bann -	Division //	Control of the last of the las
	Lot 6 5 Grave.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 57007 20% Sales Core 77184 80% Sales 100	Block //	
	W.O. E (9 43) Unpaid Balance	MOUNTHAND PERSON	Openings & 100 Service Charges 77181	320 00	ä
•	Pre-Need At Need On Acct	0	Surial 100 Containers 77182 Fiscording fees or 100 misc. service fees 77183 Sales Tex 2020	180 00	
75-101	Ck	BSUEDEFEOR	Sales Tex 9020 _ TOTAL PAID 6 _	60600	9

E5943

PERMIT FOR OSITION OF AN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

		JUL DENCK	HAK-MAKE NO ALI	ERATIONS ON ENVIOUR	72		
NAME OF DECEDEN	Ť			SEX	DATE OF BIRTH	DATE	OF DEATH
ERCENIA LL	OTD BAUER	War a street was a second		female	Aug 30, 1	895 May	31, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF E	DEATH-COUNTY ION S	STATE IF NOT IN CALIFORNIA)	NAME AND ADDR	ESS OF SPOUSE OR	OTHER INFORMANT
Chule Vist	4	San D	iego	200	Martin C.	Morgan -	son
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PERSON A	CTING AS SUCH	San Diego, CAL	JEORNIA LICENSE NUMBER	502 Anits	St. Sp#	31
LEWIS COLO	HIAL/BENBOUGH 3051 HI	Cajon B	1. CA	F-480	Chula Vis	ta, CA 92	011
	TYPE OF PER	MIT, CHECK	ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION		
T BURIAL (IN	CLUDES ENTOMBMENT)		SINTERMENT AND BUR	IAL IINCLUDES	B. DISINTERMEN	IT AND REINTERMENT CLUDES INURNMENT	
	N AND BURIAL IINCLUDES INURNMENTI		SINTERMENT, CREMATI	ON, AND BURIAL		IT OF CREMATED RE	
LI 3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	Пто	CINITEDNATURE COCKAST	ON, AND DISPOSITION	EAR O	ORONER'S USI	ONLY
4 SCIENTIFIC	USE		HER THAN IN A CEME		□ 10 DISPOSITION		CHLI
				***************************************	L 10 Disrosition	renoind	
INTERMENT	NAME AND ADDRESS OF CEMETERY W				(0)	San Di	ego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAIN	NS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE O	FCREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTH	ER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND <u>COUNT</u>	Y OF DISPOSITION	b
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMA	INS	*	.o.		
ACKNOWLEDGMENT	This is to certify that I am the pe remains of the above named decr				SIGNATURE OF AP	PLICANT	
OF APPLICANT	and I hereby acknowledge that to this permit gives no right of unres	espass and i	nuisance laws apply	and understand that	DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	AMOUNT OF FEE PAID	JUN 3 198	The second second	L Comme	MA-MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	3/8% NTER DATE	SIGNATURA OF	PERSON IN PROPERTY	DISPOSITION	LICENSE NUMBER O DISPOSER. IF APPLIC	F CREMATED REMAINS ABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF	DEATH /	0	2413 331 - 342		

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

INTERMENT ORDER

City of San Diego

			Da	te06	5/02/86	
You are h	ereby authorized	and instructed, su	bject to your rules and r	egulation:	s, to inter the r	emains
of						
in a			uneral, date, time			
Church C	مدارهسه hapel, Graveside				M	
			of regular work day or			- M
				on oxire c	and go will be	applied
and billed	to undersigned.	yvar ume veterar				
Lot	Grave	Row	Section	Divisio	on/Block	
Grave spe	ace & Care Fund				······ —	
Additiona	I spaces and care	fund				
Burial Co	ntainer					
Handling	Fees					
			h of May 198			
Sales tax	00	*************			\$ 1,8	320.
		Paid	receipt number			
SEE	ATTACHED			Balan	nce due	
	2 8 9					5.70
and this is that I have		e this authorization	n of remains as above in on and lagree to hold Mt. and interment.	ndicated. I		present
l bereby a	authorize the inte	rment in lat I	200000000000000000000000000000000000000	-POE	Monumer	nt Co
hold unde			3893 I	mper	ial Aver	nue
Signature of re	corded holder of deed		Addition		CA 921	2300
30%, condesta			State	100	0258	Zig Code
	-		Invoice # 0	435	71	
Work Ord	E 594	4	Acct. # _ 000	253		

2x1 Fnd \$160. Kodama, Y.G. 5/6/86 216" Richardson, W. 5/8/86 125. 11 10x20 80. Fargo, E.A. 10x20 80. Laliberte, K.D 5/13/86 2 x 1 125. Thomas, E. 125. Potts, Mabel 2 x 1 125. 5/15/86 Browne, R.L. 2×1 2x1 125. Mayfield, M. 2x1 125. Mayfield, C. 5/19/86 125. 2×1 Wilson, E. 125. 2 x 1 Campbell, E. 11 125. 2 x 1 Washington, R 17 125. 2×1 Wray, Maude 114 2×1 125. Ammann, E. 5/21/86 125. Reed, M.L.T. 2×1

\$1,820.

SEAMAN-POE

E-5944

OFFICIAL RECEIPT WHITE TO CUSTOMER CANALY CEMETERY PINK AUDITOR GOLDENROD HETAN From: Laman - Or Man	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	86 Nº/ 2/2	33510
Lot Grave_		Dollars (Dollars (Olvision Block
W.O. E 5944 Unpeid Balance after this Payment On Acct P	1986	SO% Saries 100 of Lots 77184 Osenings & 100 Service Charges 77181 Startel 100 Conssiners 77182 Recording fees or 100 miso, service fees 77183	
Ck Cash C	som Seven State	Seles Tex 50101 TOTAL FAID #	1820 00

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS UF 07/08/86 DATE: 07/08/86 TIME: 224629 PAGE: 6

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

MD	DATE	NO NO	CUST DMER FUND	NAME DEPT	DRG	ACCT	J/0	DATE OPER	BY	PAYM REF ND Q FACILI	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
04 35 71	06/03/86	000253	SEAMAN/P	DE MONU	MENT CO	77183	0000	07/03/B0 72	ck	1141	1.820.00	1,820.00	PAID IN FULL

34.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	2110100
22807075	6//2/86
Date	See N. B. Store B. Store B.

of			
	neral, 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 charg	e will be applied
and billed to undersigned. War time veteran			
Lot Grave Row	Section	Division/B	lock
Grave space & Care Fund	********		.,
Additional spaces and care fund			· ·
Opening/Closing & Setup			38
Burial Container			
Haindling Fees			
Flower vases - Marker setting fee MONT	H of May 1	986	\$705.00
Recording and filing fee			
Sales taxes	**************		
	Total C)ue	\$705.00
Paid re	ceipt number		
		Balance de	.e
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	of remains as above and I agree to hold N and interment.	indicated. I cert ft. Hope Cemete	ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signeture	& SONS M	onument
1000 01001 0000.	PO Box	94	
Signature of recorded holder of dead		ego, CA	
		#FH-256	03192
	Telephone	-	
	Invoice #	04357	72
Work Order # E 5945		004821	· ·
Work Order # UU IU	Acct. #	004021	

E-5945 CONTI & SONS 2 x 1 5/1/86 Martin, B.C. \$125 5/13/86 2×1 Thomas, K. 125 5/19/86 Kopf, E. 2×1 125 2x1 125 Hollinquest D. Chapman, T. 10x20 80 5/23/86 2x1Walker, V. 125 705

100

E5945

CITY TREASURER SAN DIEGO, CALIFORNIA

150630c/11/86 705.00 INVS 06/11/86 1506 3 705.00 CH 06/11/86 1506 3 .00 BA

OFFICIAL RECEIPT OFTY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33445 CANARY..... CEMETERY MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3161 Division Grava Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No 20% Sales Care MY Sales 77184 of Lots Openings & 77181 Service Charges Unpaid Balance 100 Burist after this Payment Containers 77182 Recording lass or miso, service fees At Need Pre-Need On Acct 80101 Sales Tax SEUED BY TOTAL PAID AC-212 (Rev. 8-85)

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 06/13/86

DATE: 06/13/86 TIME: 223836 PAGE: 0

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV	DATE NO NO E-5945	CUSTOMER NAME FUND DEPT ORG ACCT	PAYM PO PAYM DATE BY REF NO JOO OPER BOVED FACILI	AMOUNT PAID	AMOUNT BILLED UNFAILE BALANCE	
043572	06/03/86 004821	CONTI AND SON MEMORIAL CD 100 072 77183	06/10/86 CK 5734	705.00 705.00	705.00 PAID IN FULL	0

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date _	6/2/86	
TO 10 10		

	o. suy warner redu d		-lear in long the agent	regulations, to inter the remains
of				
in a	Vault/Une	F	uneral, date, time	
Church, (Chapel, Graveside			Mortuary.
All Funer	al cars must 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 sp	ace & Care Fund	********		
Additions	al spaces and care	fund		
Opening	Closing & Setup			
Buriel Co	ntainer	******		
Handling	Fees			· · · · · · · · · · · · · · · · · · ·
i Flower va	sses - Marker setti	no fee Mon	th of May 1	986 \$ <u>875.</u>
	No. 28			
Odios tan				Sue\$875.
		Daid	receipt number	
		raid	receipt number	
				Balance due
and this i that I hav	certify I am the s your authority to e the right to make ity on account of s	make disposition this authorization	n of remains as above n and I agree to hold N	of the above named decedent indicated. I certify and represent ft. Hope Cemetery harmless from
I hereby	authorize the inter	ment in lot I	100000 100 100 100 100 100 100 100 100	S GRANITE CO.
hold und			10527	Prospect Ave.
Signature of re	scorded holder of deed		Santee	, CA 92071
			RESALE	#F-91479
	In the second of		Invoice #	043574
	E 594	6	Acct. #	006490

CLEMENS GRANITE CO E-5946

5/5/86	2 x 1	\$125.	Morgan F.
**	2x1	125.	Murdock, F.
5/13/86	2×1	125.	Denny A.
5/19/86	2×1	125.	Wynn, C.L.
"	2×1	125.	Duarte, Wm.
**	2 x 1	125.	Donnelly, A.
5/27/86	2×1	125.	Griffith, M.

\$ 875.

E5946

CITY-TREASURER SAN DIEGO, CARPORNIA

442U3U7/11/86 875.00 INVS 07/11/86 442U 3 875.00 CH 07/11/86 442U 3 .00 8A

OFFICIAL RECEIPT

ASSESSED NO.	WHITE TO CUSTO
A.A.A	CANARY CEME
1992年19	WHITE TO CUSTO CANARY CEME PARK AUD GOLDENROD RE
	aut.

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

Nº 33537

From: Clements GRANTE Server In Full Payment of Mar	to Pine and orfers for	Date: July The San DI Dollars (\$	10 1986 100 92071 875.00
Lot Grave_	Row_S	ection	Division Block
Invoice No. 043574	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Salos Care 77184	
Acct, No.	1	80% Sales 100 of Lots 77184	
w.o. E 5946		Openings & 100 Service Charges 77181	
Unpaid Balance after this Peyment	1986	Buriel 100 Containers 77182	BURE DE
STATE OF THE STATE	(1988年) (1988年) (1988年)	Recording feet or 100 miss; service feet 77183	
Pre-Need At Need On Acct	0 6	Seles Tex 60101	Service CS.
573-177 AC-212 (Rev. 8-86)	ISSUED BY GATTHE CURIN	TOTAL PAID .	875 40

043574 06/03/86 006490 CLEMENS GRANITE COMPANY E 5946 100 072

77183 000072 07/10/86 CK 13477

875.00 875.00

PAID IN FULL

HOPE CEMETERY ERMENT ORDER City of San Diego and Astructed, subject to you'r rules and regulations, to inter the remains You are hereby authorize 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 Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Flower vases - Marker setting fee 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.

Invoice #

Acct. #

Work Order # **E** 594

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33408
From: Olivea Warre Fre Hendullight In Bout Payment of Inte	Address: 529 Alwans Liment fee Trust for W	ood Terror 92113 Sollars 15 560°2 Illiam J. Wanen -
Lot 134 Grave	NOT VALID FOR PURSE STATED UNLESS STAMPED	Section/_ Division / 2
Acct. No. E 3941 Unpaid Balance after this Payment 46 90	JUN 0 1970	90% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Burisl 100 Containers 77182
Pre-Need At Need On Acct Ck Cash AC-212 plan. 8-85)	ISSUED BY LEOYUL HOLL	Recording fees or 100 misc. service fees 77183 80101 Sales Tax 8020 TOTAL PAID 560 00

.

MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date 6-3-86

You are hereby authorized and instruc	cted, subject to your rules and regulations, to inter the remains
of gures	Heorge posama
in a Wish Mus	Funeral, date, time St. 97 10:30
Church, Chapel, Graveside	famely Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge will be applied
end billed to undersigned. War time	veteran
Lot 5346 Grave Rov	w Section Division/ Block
Grave space & Care Fund	neneec .
Additional spaces and care fund	sat overline 190=
Opening/Closing & Setup	1050
Burial Container	DAID 40°
Handling Fees	1 AID 60°
Flower vases - Marker setting fee , ,	JUN 9 1984
Recording and filling fee	350
	AT. HOPE CEMETERY TY O'SAN DIEGO, CALIR.
1	Total Dice
10-7-86	Paid receipt number 33963 432.46
o i of	Balance due — 0 —
	V2 V
hereby certify I am the and this is your authority to make dis that I have the right to make this author any liability on account of said author	of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
hereby authorize the interment in lo	Signature Signature
Tabelo Kidona	Address Charles
Signeture of recorded holder of deed	Status 92 (5 9
	72-600 Z
F =0.40	Invoice #
Work Order # E 5948	Acct. #

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CAMARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

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

Nº 33433

The both Kills	204-3101	Date: 06-1	27	1986
from: fall (RO) one	ma Adress: 13-9 110	OC Dollars (6	4324	=,
In Payment of	Row Se	ection	Division	10
Invoice No.	NOT VALID FOR FURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184		
W.O. E -5948 Unpaid Balance after this Payment	JUN 12 1986) 986	Openings & 100 Service Charges 77181 Buriel 100 Containers 77182	165	100
Pre-Need At Need On Acct C		Macording less or 190 misc. service fees 77183 80101 Selec Tex 9020	315	40
AC STARTER BUS	ISSUED BY AMO	TOTAL PAID	430	41

E 5948

PERMIT FOR COSITION OF HUMAN REMAINS #54419

				DE TIE	COLONIAL, DD.		
NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH		
YUKIO G	EORGE KODAMA		MALE	NOV 17, 1919	APRIL 19, 1986		
PLACE OF DEATH-C	TY OR TOWN	PLACE OF DEATH—COUNTY	(OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SP	OUSE OR OTHER INFORMANT		
SAN DIE	:GO	SAN DIEGO		TAKEKO KODAMA	- WIFE		
NAME OF FUNERAL D	RECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER	1329 FELSPAR S	T.		
LEWIS C	COLONIAL/BENBOUGH MOR	TUARY	480	SAN DIEGO, CA	92109		
	TYPE	OF PERMIT. CHECK ONLY ONE	OF THE FOLLOWING TYPES OF DISP	POSITION	PENDOMINE		
. I. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8. DISINTERMENT AND R REMAINS (INCLUDES	EINTERMENT OF CREMATED INURNMENT)		
X 2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT, CREI	MATION, AND BURIAL				
	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNME	NT)				
CEMETERY ☐ 4. SCIENTIFIC	USE	7. DISINTERMENT. CREI	MATION, AND DISPOSITION	9. DISINTERMENT OF CR DISPOSITION OTHER 1	EMATED REMAINS AND THAN IN A CEMETERY		
	IRPOSE OF ISSUING THIS PERMIT. DISINTERMENTION. COMPLETE EACH ITEM REQUIRED FOR TH						
	NAME AND ADDRESS OF CEMETERY WH			COUNT			
BURIAL	n/a		20	10	Ω		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CO	REMATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY		
CREMATION	Cypress View Cremato			10 00 10a	emour		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W Mt. Hope Cemetery -			/ coun	San Diego		
BURIAL AT SEA	ADDRESS, NEAREST POINT ON SHOP			FINAL PLACE AND COUNTY	OF DISPOSITION		
OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	n/a			Philipping to the productive moderation.			
	This is to certify that I am the pe	요한 경험 이 경험 경험 경험 사람들이 구매하다 했다.	일 집에 나가 보다면서 집에 가게 집에 되었다.	SIGNATURE OF APPLICANT			
ACKNOWLEDGMENT OF	remains of the above named dec		7 707				
APPLICANT	and I hereby acknowledge that this permit gives no right of unre	50 30	DATE SIGNED				
SCIENTIFIC	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS					
USE	n/a						
LOCAL REGISTRAR	THIS PERMIT IS RESULED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA REALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT \$3.00 APR 28 1986						
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSI	TTON WAS MADE ON	JUN 7 1986	SIGNATURE OF PERSON IN	CHARGE OF DISPOSITION		
Towns of the Control							

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 CON-PLETED 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 RE-MAINS WERE BURIED AT SEA.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-86

of	xucion	2 /2	1- 21
in a Delle Vault/Liner	Funeral, date, time	nuss. 13	5 2:0
Church, Chapel, Graveside		godale	Mortuar
All Funeral cars must arrive before 3:30 p.	m. of regular work day	or an extra charge w	vill be applie
and billed to undersigned. War time veters	ın <u></u> ,		
876	D GRWDIMAS	W-96-40 N-9-10 No 6-11 No.	17
Lot O Grave Row	Section	Division/Block	
Grave space & Care Fund		<i>q.</i>	593
Additional spaces and care fund	fell	·····	
Opening/Closing & Setup	W.		2000
Burial Container	76		1000
Handling Fees	10 -0 4		1450
Flower vases - Marker setting fee	,214		7.88 CP. CP. C
Recording and filing fee			250
Englishmen (F)		*******	100
1. (.)	***********	*******	12010
elled by we		Due	XUI.
Jamella Select Pai	d receipt number		4 15
armen of		Balance due	
200 St. (1850) 1950		7200 (10)	150 W
I hereby certify I am the and this is your authority to make disposit	ion of remains as above	of the above nar indicated. I certify a	ned decede and represe
that I have the right to make this authorizate any liability on account of said authorization	ion and I agree to hold I		
any neomity on account or said authorization	on and meaning.	us:	OR.
I hereby authorize the interment in lot I	atty	Boot d.	Dug
hold under deed.	372/1	Brondin	aul
Signature of recorded holder of deed	Labray	F 652	-
2	Lyce	100	A Dip Co
234-833	31 Low	crees p	eage
<i>y</i> . , , , , ,	20Co	2 42101-	5070
WINDS SERVICE	Invoice # _	04408	5
Work Order # E 5949	Acct. #	017656	2

E5949

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	Marion North Sutton	1	SEX Fema	le	June 8, 1916	May 31, 1986		
PLACE OF DEATH—C	San Diego	San Diego	CE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)			SISTEF		
NAME OF FUNERAL D	RECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale M	california license number			903 Alvin St. San Diego, CA 92114			
	TYPE	OF PERMIT, CHECK ONLY ONE	OF THE FOLLOWING TY	PES OF DISPOS	ITION			
I BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	ī	B. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)			
2. CREMATION	AND BURIAL (INCLUDES INURNMENT)	☐ 6. DISINTERMENT, CR						
3. CREMATION	AND DISPOSITION OTHER THAN IN A	(INCLUDES INURNA	IENT)					
4. SCIENTIFIC	USE	7. DISINTERMENT, CR OTHER THAN IN A	EMATION, AND DISPOS CEMETERY	FTION	DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
	URPOSE OF ISSUING THIS PERMIT. DISINTERMEN TION. COMPLETE EACH ITEM REQUIRED FOR TH							
BURIAL	NAME AND ADDRESS OF CEMETERY WH	ERE REMAINS ARE TO BE INT	ERRED		COUNT	Y		
BURIAL	Mt. Hope Cemetery:	3751 Market St				an Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY							
AFTER CREMATION	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS ARE TO BE		COUNT	Χ.			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY F CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOR	ELINE. OR OTHER DESCRI	PTION SUFFICIENT TO	DENTIFY F	INAL PLACE AND COUNTY	OF DISPOSITION		
This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code								
OF APPLICANT	F DATE COMED							
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	VING REMAINS		560				
LOCAL	THIS PERNIT IS ISSUED IN ACCORDANCE WITH PR THE CALIFORNIA HEALTH AND SAFETY CODE	AND IS THE	IIIN	4 1986	SIGNATURE OF COCAL REGI	L Garnes M.A.M		
REGISTRAR	AUTHORITY FOR THE DISPOSITION SPECIFIED IN	THIS PERMIT	AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT \$3.00 STIFICATION TUN 5 1986 CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE)					

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

PAID INVOICE REPORT BY DEPARTMENT AS OF 06/25/86

DATE: 06/25/86 TIME: 004723 PAGE: 4

IN V	1NV DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	PAYM REF NO G FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNFA ID
044085	E594		ESTATE OF 100 100 100 100 60101 67007	MARION 072 072 072 072 072	SUTTON	77181 77182 77183 77184 9020 77184	000077 000077 000077 000077	2	CK	09 159	1,201.00 320.00 100.00 160.00 476.00 6.00	1,261,00	PAID IN FULL
NUMBER TOTAL	OF INVOIC			1.00									



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/4/86

in a - later Fur	neral, date, time
Church, Chapel, Graveside	Morti
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be app
and billed to undersigned. War time veteran	MM 1 2 - Mand - 30-4.
Lot 2124 Grave Row	Section Division/8lock
Grave space & Care Fund 2 44 .: &	ile By like 110 a
Additional spaces and care fund Add	for land + care 1770
Opening Graings Seep	
Burkel Contains	the -
Handling Feestal	-
Flower vases - Marker section fee	real only
BOOMT, MORE CEMETERY	
CITY of SAN DIEGO, CALIF.	
water made	Total Due 1190
12-4-96 - Baid ra	peint number 33416 1196
W / 10 = 1881	Balance due
I hereby certify I am the	of the above named dece
that I have the right to make this authorization a any liability on account of said authorization a	of remains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetary harmless
on a second of some sound to the second seco	V Hohn & selfor
I hereby authorize the interment in lot I hold under deed.	Signature D Aryo
TIETH STITLES MANNE.	May 2 / - 8
Signature of recorded heatler of deed	6335 Loren Dr
	Man Dey Ca 91115
	285-1643
Eroro	Invoice #
Work Order # E 5950	Acct. #

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: John H. Chuman	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Lifette 6355 Lon Mutter at 77,000	Deta: 6/4 San San San Sollars (\$	33416 86:0 Dig. 9/1/5
	In Sell Payment of the Themselver - Lot 2/23 \$ 2/24 Grave		spans for	Division /O
	Acct. No. F - 5950 Unpaid Balance after this Payment	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE CITY AUDITOR 1986	CREDIT 57007 20% Sales Care 77184 80% Sales 100 of Lots 77194 Openings & 100 Service Charges 77181 Burial 100 Containers 77182	952 00
•	Pra-Need At Need On Acct C	issued by Loyantino	Recording fees or 100 misc. service fees 77183 60101 Sales Tax 6020 TOTAL PAID 6	1190 00

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter the remain
of	implom for pronue
in a Vault/Liner	Funeral, date, time
Church, Chapel, Graveside	
All Puneral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge will be applie
and billed to undersigned. War time w	eteran
1116 110 -	Section 2 Division/Block //
Lot 177 Grave 7 Row	Section Division/Block
Grave space & Care Fund	2509
Additional spaces and care fund .	
Opening/Closing & Setup	PAID
Burial Container	TAID.
**************************************	ADD 9 + 1000
landling Fees	
lower vases - Marker setting fee	IT. HOPE CEMETERY
Recording and filing fee	IFY of SAN DIEGO, CALIF.
Sales taxes	7/76
	Total Due
1-86	Paid receipt number 33500 / 35
7 0 4	Balance due
	(over
	of the above named decedence of the officer of remains as above indicated. I certify and represent of the officer of the offic
any liability on account of said authori	
hereby authorize the interment in lot	X & G Hampton
nold under deed.	Sunanyo 12 S. Briton 1
ignature of recorded holder of deed	- Adding the line 981
	Zin Co
	Telephore
	Invoice #
Nork Order # E 5951	Acct.#
Y-693 (REV. 8-85)	Carrier II

33621 8-6-86 10-9-86 33826 11-17-86 33929 4 burial, when the above pre-need services are utilized an additional payment, if applicable, will be required reflect the current cost of providing the service. 12-17-86 34026 01-13-87 340931 02-10-87 34187 \$ 03-11-87 34300 04-08-87 3440/gr 05-07-87 34539 06-1287 34688 8-7-87 34904

69.00 9-10-87 . 35023 2.00 57.00 10-21-87 35189 12.00 1-11-88 12.00 *3*5548 21,00

July 3, 1986 E5951 To not Hope Cemetery: It was say understanding using monthly payment would be 12.00 per month. What happend? There is no way I can affard 25.00 per month. please flech me a new payment brok to reflect the monthly payments of 12.00 for month. Thanks In your help in this mis J. G Hampton 4572 S. Barton St. Seattle, Wa 98118 804-722-1088 Lot 114 Grave 10 sec 2 Dev 11

DAT	E	ITEMS		DEBIT	V CREDIT	BALANCE
10 4	86	Lot 114, Gr 10, Sec 2, Div 11	-	250 00	229 00	21 00
7	88	Oryan # 18 Secret 35887	-	250 00	1200	100 10 to 100 to
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	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMANY CEMETERY PRIK AUDITOR GOLDSHINOD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	Nº	33500	17
	From T.A. Thanston	10118 A572 & Ba	Dente: O	Teatter is)A
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	In Part Peyment of	renced lat			
	Lot _/14 Grave	10 Now	section O	Division Block-	11
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87 20% Sales Care 77	7007	
	Acot. No. F. F. G.C.I	000106	B. S. C.	100 25	00
	W.O. L 575 / Unpaid Balance # 32 C 00	JUL 08 1900		7181	
	after this Payment # 000	Ju AUDIO	The state of the s	100	
	Pre-Need At Need On Acct	08 - OR		1183	
	Ck Cosh C	2 986	Sales Ton)101 (020	-
	AC-212 (Nev. 8-95)	resulto av Linda 19	TOTAL PAID	1 0	00

OFFICIAL RECEIPT WONTE TO CUSTOMER CAMARY CEMETERY PRINK AUDITOR RETAIN FROM: T.A. Hamoton	Address: 4572 J. Bar	Nº Date: Of-C	33621 6
In all Payment of Lot 114 Grave	10 Prow Se	Dollers (9	Division //
Acct. No. W.O. E -595/ Unpaid Balance after this Payment £2/3	AUG 07 1986	CREDIT 20% Sales Cars 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Burist 100 Containers 77182	12 12
Pre-Need At Need On Acct C	ISSUED BY B. Fang	Recording face or 100 misc. service face 77183 80101 8020 TOTAL PAID 8	12 10

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OFFICIAL RECEIPT WHATE TO CUSTOMER CANADITY COMETERY PROPERTY OF THE PROPERTY	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 45/12 & Barta Address: Stattle III		33714
In ALT Payment of Plant Lot 114 Grave		Poliers (8	Division //
Acct. No. W.O. E 595 Unpaid Balance after this Payment # 20100	CITY. AUDITOR SEP 10 1986	CREDIT 20% Sales Care 77164	12 00
Pre-Need At Need On Acct C	Bang.	Recording test or 100 miles service fees 77783	12 00

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* OFFICIAL RECEIPT WHITE TO CUSTOMER CANANY CEMETERY PINE AUDITOR GOLDENROD RETAIN FROM: TIA - LA MANUTANI WELLE AND TO CHESTERY PINE AUDITOR RETAIN	CITYOF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181 (9/// Address: 45/2 4///	Nº Nº 10-9	33826
in 114 Payment of F		ection -	Division /
Acct. No. W.O. E. J.	CITY AUDITO OCT 1 6 1986	Containers 77182 Recording foce or 100 misc. service fees 77183	1à 00
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1000000	Ed Stephenson

CITY OF BAN DIEGO, CALIFORNIA

CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 284-3151 (9811) Address: 4572 D. BAIR	Date: 11-17	attle b	1986 Wa
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Invoice No	ROW Se MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 20% Bales Care 77184 80% Sales 77184	Division Block	11
W.O. E - 5951 BALANCE DUB # 1770	CITY AUDITOR NOV 18 1986	Opening/ 100 Closing 77181 Surial 77182 Octainers 77182 100 Handling Fee 77183 Recording & 100 Misc. Fees 77183		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New. 11-60)	TO THE REPORT OF THE PARTY OF T	Pre-Head 83333 Trust 9022 Seles Tex 80101 75390 TOYAL PAID 6	12	00

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151	Date: _0/	-13	.19.87
From: //USO(a) (1. Ya) Influe and Influe Payment of P	melhodress: 4572 S. Burt	n Se ott	(s 12 03	\$11X
Lot 1/4 Grave	// Row 8	ection 2	Division Floris	11
Pre-Need Lot X At Need On Acct.	NOTYALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. JAN 1 5 100	acts Sales of Lots Opening/ Closing Burts! Containers Handling Fee Recording & Misc. Fees Pre-Nasd Trust	87007 77/84 100 77/84 100 77/81 100 77/81 100 77/83 100 77/83 100 77/83 100 77/83 100 77/83 100 77/83 100 77/83 100 77/83 100 77/83	00
Pre-need Trust Cash Check AC-212 (New, 11-86)	ISSUED BY D. MING	Salas Tax	\$0101 78390	00

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 294-3151

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Jule Luc and my Infart Payment of Plant	from Exect Est ofen,	Preneta	Janley
Lot //// Grave	/Os	ection 2	Division //
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 7718 80% Sales Care 7718 60% Sales 7719 Opening/ 10 Cleaing 7718 Surfail 10 Containers 7718	12 60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee 7718 Recording & 10 Misc. Feee 7718 Pre-Mond 6203 Trust 902 Safee Tax 9070	
AC-212 (Rev. 11-86)	ISSUED BY D'OUNG	TOTAL PAID	12 60

E-5951 E 5951 ACCOUNT No. T.A. Hampton 4572 S. Barton St. Seattle, WA 98118

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Charles .	PINK AUDITOR	MOUNT HOPE CEMETER		
From:	usia @ The	Jan 4572 S	Barton 7	1-10 187
Tho	Payment of La	win # 13	Culati	ollars (\$ 12.00)
Lot /	19 Grave	/O Row	Section 2	Division //
Invoice No.	-5951	NOT VALID FOR PURPOSE STATED UNLESS STAMP IN THIS SPACE.		67007 77184 100 77184 100 177184
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

From Trassia Hamot	DN Address SAN Dieso	Date:	8-7	1987
In COUPON Payment of CC	Dollars		Collers (\$ 12.0	00
Lot Grave_	SATISFACTOR OF THE PARTY OF THE	action	Divisi Block	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & Misc. Fees Fre-Need Trust Gales Yax	67007 77184 100 77184 100 77184 100 77185 100 77182 100 77183 65033 9022 86101 78300	12 00
AC-212 (Rev. 11-86) 1000	ISSUED BY	TOTAL PAID	San Name	12 00

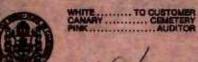
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

PINKAUDITOR	284-9181		1	0_
Th Ulan to	45723	Pate: To	9-10	77
Tuelue Ide	allors -	- D	ollaps (\$ 12.00)
In Payment of Lace	pm #14, Uu	det o	at	
Lot Grave	10 Row_s	ection 2	Division Block	11
Invoice No.	NOTYALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 100 /2	2 -
W.O. E-5957		of Lots Opening/ Dicalng Burlet Containent	77184 100 77181 100 77182	
BALANCE DUE 57.00		Handling Fee Recording & Misc. Fees	100 77183	
Pre-Need Lot At Need On Acct Pre-need Trust O Cash O Check	(()	Pre-Nand Trust Bales Tax	77103 63003 9022 60101	
AC212 (Ras. 11-80) SDO8	Issued Janky Word	TOTAL PAID	1 /2	-

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINEC	MOUNT HOPE CEMETERY 264-3151			1
From I. A. Glampton	Address: 4572 S X	Date: 16-	3/	82
InPayment of C.C.	Capen # 15 (1)	Cole Fora	19/2.00)
Lot_/// Grave_	/O Row_ 8	ection 2	Division /	1
Involce No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED TAID IN THIS SPACE.	of Lots 721	7	00
W.O. E - 575/ BALANCE DUE 45.00		Opening/ 1771 Burlel 1 Containers 773 Hendling Fee 771	00	
Pre-Need Lot At Need On Acct	0 ,)	Pre-Need 830 Trust 90	100 103 103	
Pre-need Trust Cash Check AC-212 (Nov. 17-88)	issued ande, llera	Sales Tex 801 763 TOTAL PAID	12	00

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OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Butter	N=	35 He i	548
*Lot Grave	10	Medit of	Oollers (\$ 67,007 77,184	Division	2,
Pre-Need Lot & At Need On Acct Pre-Need Trust Gash Check &	JAN 13 1988	BOW Sales of Lots Opening/Closing Buriel Contwiners Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 17 184 100 17 181 100 17 182 100 77 185 100 77 185 100 77 183 83033 9022 80101 78380	12	

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Nº 35887 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 284-3151 Dollars (\$ 12,00 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 80% Sales of Lots CITY AUBITOR Acct. No. Burial Contriners BALANCE DUE Handling Fac 771B Recording & Misc. Fees On Acct Pre-Need Lot Pre-need Trust | Cash 60101 TOTAL PAID AC-212 (Mev. 10-87)

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151	Date:	4-21	19 88
From: T. F). Vampto	Address: 4572 S.	Bastos	, Spott	te, Was
In Payment of Ca	ugen 19 Credit	det	ollars (\$ 9.02)	,
Lot 1/4 Grave.	/O Row	ection	2 Divisi	on //
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED. "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	900
Acct. No	CITY AUBITOR	80% Sales of Lots Opening/ Closing	100 77184 100 77181	
W.O. C S757	APR 29 1988	Buriel Containers	77182	
		Handling Fee Recording & Misc. Fees	77165 100 77183	
Pre-Need Lot At Need On Acct		Pre-Need Trust 7 Bales Tax	83033 8022 60101 78390	
AC-212 (Pay, 10-87) 6045	issue of tracked libra	TOTAL PAID	78390	9000

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MT. HOPE CEMETERY INTERMENT ORDER

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and billed to undersigned. War time veteran	0.0000000000000000000000000000000000000		WARRANCE STATE OF THE PERSON O	CO. C.
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.ot / Grave _ Row	Section	O Div	ision/ Black _	12
Grave space & Care Fund	*********		2	450
Additional spaces and care fund	1719-5478-23630307030703040510		18-850X,897X,012-000	
Opening/Closing & Setup				
Jurial Container				
landling Fees				
lower vases - Marker setting fee				
Recording and filing fee				1
iales taxes			4	1500
		otal Due	Д	
Paid r	eceipt number _	he c		
		Bal	ance due	
harohy cartify I am tho		of the	shove name	denoden
and this is your authority to make disposition hat I have the right to make this authorization	n and lagree to h	bove indicated	above named I. I certify and Cemetery harr	represen
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I	n and lagree to h	bove indicated	d. I certify and	represen
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nd this is your authority to make disposition hat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed.	n and I agree to h and interment.	bove indicated	d. I certify and	represen nless fron
hereby certify I am the	n and I agree to h and interment. Signeture Address	bove indicate old Mt. Hope (d. I certify and	represen nless fron Ze Ced

NAME	Greene, Lucille		ACCT. NO.	E-5952
ADDRESS	1993 Harrison, San Diego, Ca 92113	RATING	LIMIT	
DATE	ITEMS	DEBIT	CREDIT	BALANCE
May 27 8	6 Lot 14, Gr 11, Sec 2, Div 12	415 00		
LIGNER FORM	NO. 25-204 Greene, Lucille	14 - 11 - 2 - 12		PRINTED IN US

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Lucille Sheene		
Address 1993 Harrison, S.D. CA 92113		340
You and each of you are hereby notified that because	of default in	payments
on that Agreement for the purchase of a before need	Lot <u>/4</u> , Gra	ve _/,
Row $\underline{\leftarrow}$, Section $\underline{\mathcal{A}}$, Block/Division $\underline{/\mathcal{A}}$	_ in Mt. Hope	Cemetery,
entered into on <u>May</u> 27, 1986, by	and between M	lt. Hope
Cemetery and Sucille sheene that		12.0
from date below, all rights you may have thereunder		×
notice cancelled and forfeited.	20	
** **	80 ¥.	49 44
Dated this 13 day of	5.	13
Service and the service of the servi		

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Michele L. Clark

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of fucille	Oreene
in a	Funeral, date, time
	Mortuar
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge will be applie
and billed to undersigned. War time vetera	on
ot 14 Grave 1/ Row	2
ot Z GraveZ Row	Section Division/Block
Grave space & Cere Fund	445°
Additional spaces and care fund	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
landling Fees	
Recording and filing fee	AVOID OF MACHINER OF OTHER PROPERTY IN MACHINER STORY OF THE SECOND STORY OF THE SECON
THE REPORT OF STREET, WHEN THE REPORT OF STREET	
THE REPORT OF STREET, WHEN THE REPORT OF STREET	Lo
Sales taxes	Total Due
Sales taxes	Total Due
Sales taxes	Total Due
Paid	d receipt number
Paid hereby certify I am the and this is your authority to make dispositions the later of the paid that I have the right to make this authorizet	d receipt number Balance due of the above named deceder ion of remains as above indicated. I certify and represention and lagree to hold Mt. Hope Cemetery harmless fro
Paid hereby certify I am the and this is your authority to make dispositions the later of the paid that I have the right to make this authorizet	d receipt number Balance due of the above named deceder ion of remains as above indicated. I certify and represention and lagree to hold Mt. Hope Cemetery harmless fro
hereby certify I am the	d receipt number Balance due of the above named decederion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from and interment.
Paid hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I	Total Due
Paid hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	d receipt number Balance due of the above named decederion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from and interment.
Paid hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	Total Due
Paid hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	d receipt number Balance due of the above named decedetion of remains as above indicated. I certify and represetion and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address
Paid hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	Total Due
Paid hereby certify I am the and this is your authority to make dispositi	Total Due

7/9/86 Mir Greene will Start Payments ON August 10-86 Book Shown July o . Remission Frankl Hoye State Spen

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 27 day of
between deciple deene, 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 exclu-
sive right of interment in: Lot 14, Grave 1, Row, Section
2, Plack/Division 12, located in Mt. Hope Cemetery, for and in
consideration of a total purchase price of \$ 4/500, payable as follows:
\$ cash herewith, the receipt of which is hereby acknowledged;
\$ 2000 on the 10 day of July , 1986; and the
\$ cash herewith, the receipt of which is hereby acknowledged; \$ on the day of
Mt. Hope Cemetery, on the 10 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 INTER-
MENT 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.
Ministry and and the second se

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.

Sent Deput Back 6484

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: **PURCHASER** Street Address (Mail) City Zip Code State CITY OF SAN DIEGO



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

February 22, 1989

Lucille Greene 1993 Harrison San Diego, Ca 92113

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will; be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Sandra Ward

Mt. Hope Cemetery

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date 6/5/86

You are hereby authorized and instru	gtes, subject to your rules and regulations, to inter the remains
of Frank m.	Jamada 1
in Topsel Vault	Funeral, date, time Fix 6/6-1:30
Church, Chapel, Graveside	ful + & S. Lawis about Mortuery
CONTRACTOR OF THE PERSON OF TH	:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	- 1
1.11	11 7
Lot 141 Grave Ro	w Section Division/Bleek
Grave space & Care Fund	Pu head A-8392
Additional spaces and care fund	mone =
Opening/Closing & Setup	3208
Burial Container	to Copyea Vanto 1750
Handling Fees	170 =
Flower vases - Marker setting fee .	
Recording and filing fee	<u> </u>
Sales takes	10.50
PAID	Total Due 710.56
JUN 4 1974	Paid receipt number 33419 710.58
50H 4 /709	Balance due
MT. HOPE CEMETERY	
AND DIEGO, CALIF.	of the above named decedent
	orization and lagree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in l	x 9/inspecto Cremel
hold under deed.	" 1676 El Caminol del Teutro
Signature of recorded holder of does	- La Jolla Ca 92037
	State (619) 4511-5935 Zip Code
	Telephoriii Tal Yan Jahan
	Invoice #
Work Order # E 5953	Acct. #

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 33419
1	Janel Your O	516-5th	Date: 6/4 .1986
	Seven kurdun T	en at 1/100	Dollars (* 7/0 =)
	In Secul Payment of Divi	ument person tran	M Jamada - dee
	Lot Grave		action // Division //
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Seles Care 77184
	Acct. No.	CITY AUDITOR	80% Sales 100 of Lots 77184
	W.O. 23733 Unpaid Belance after this Payment	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE." PAID IN THIS SPACE. JUN 06 1986	Openings & 100 320 90 Burist 100 77182 /25 00
	Pre-Need D. At Need On Acct.	The second second	Recording fees or 100 20500
Section 1	Ck Cash D	(D) 1700-	Sales Tax 8020 10 10
	AC-212 (NW. 6-6)	15500 Breakfill	TOTAL PAID . 7/0 50

E5953

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

	23				
NAME OF DECEDEN	NAV		SEX	DATE OF BIRTH	DATE OF DEATH
Frank Mass	LTO YAMADA		male	Feb 28, 1894	June 3, 1966
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY ION	STATE IF NOT IN CALIFORNIA)		SPOUSE OR OTHER INFORMANT
San Diego		Sen Diego		Joseph Y. Yes	eda - soa
NAME AND ADDRES	SS OF FUNERAL DIRECTOR (OR PERSON AC	TING AS SUCHI SON Diego, CA	LIFORNIA LICENSE NUMBER	1676 Kl Camin	
LEWIS COLO	MIAL/BERROUGH 3051 Kl	Cajon Bl. CA	F-480	La Jolla, CA	92037
(Tar pupus III)	TYPE OF PERA	MIT, CHECK ONLY ONE OF THE			REINTERMENT OF CREMATED
I BUHIAL (IN	CLUDES ENTOMBMENT)	ENTOMBMENT)	RIAL IINCLUDES	REMAINS IINCLUDE	S INURNMENT)
WTFL2200128000485000	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMAT		g disinterment of disposition of Hel	CREMATED REMAINS AND THAN IN A CEMETERY
CEMETERY	N AND DISPOSITION OTHER THAN IN A	7. DISINTERMENT, CREMAT	TON, AND DISPOSITION	FOR CORO	NER'S USE ONLY
4 SCIENTIFIC	USE	OTHER THAN IN A CEME	ETERY	☐ 10. DISPOSITION PEND	
INTERMENT	NAME AND ADDRESS OF CEMETERY W			(III)	OUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	THERE REMAINS ARE TO BE CREMAT	ED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFF	CICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF I	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		70.7	
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	dent under provisions of the He	alth and Safety Code,	SIGNATURE OF APPLICAN	π
APPLICANT	and I hereby acknowledge that tre this permit gives no right of unrest		SOURCE STREET,	DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED IN	DE AND IS THE NTHIS PERMIT \$3.00	JUN 4 198	SIGNATURE OF LOCAL RE	STRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON IER	TER DATE)	PERSON IN CHARGE OF I	DISPOSITION LICENS DISPOS	E NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-86

of Raise	9 11.	Name	non. 6/9	2 2'11
in a Vaulte Cin	er .	funeral, date, time		d.0C
Church, Chapel, Graveside			rgedale	Mortuary.
All Funeral cars must arriv	re before 3:30 p.m	, of regular work day	or an extra charge w	ill be applied
and billed to undersigned.	War time veterar	lo 		
1428 Grana				10
Lot 700 Grave	Row	Section ——	Division/ Block	. 70
Grave space & Care Fund	*************			575
Additional spaces and care				Carpora / 14 - 15 - 15
Opening/Closing & Setup	IP)	AID	s	3200
Burial Container				1000
Burial Container Handling Fees	JUI	1 5 1984	l	1450
Flower vases - Marker set	LAT US	PE CEMETERY	L	F. HOLESSA
Recording and filing fee .	I COLY OLD	AN DIEGO, CALIP.		350
Sales taxes	518	*****		1000
Server tende			Due	12019
00 100 - 100 100 100 100 100 100 100	0.14	1	-5-86)	2010
33421	Palo	receipt number	3 00 /	10-
	200	~	Balance due	
I hereby certify I am the	VARGIE	DANIEL	∑_ of the above nar	ned decedent
and this is your authority t that I have the right to mak	o make dispositio	n of remains as abov	e indicated. I certify a	and represent
any liability on account of	said authorization	and interment.		
I hereby authorize the inte	rment in lot I	Mara	W Dans	W.
hold under deed.	11101	Signature /	1 08 naam 1	2 (4)
) bu xu Wa Signature of reported holder of dead	ale)	- O	7 5.	7//3
	1500	State 1 G	- 7/ 5	Zip Code
		Talaghana	- 26215	05-
		1		
Work Order # E 595	4	Invoice #		
Work Order #		Acct. #		_

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CENETERY PIHK AUGITOR GOLDENROD RETAIN

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

Nº 33421

From Margio Manie	Address: 3744 Top	Date: D6	20 /a /a	1/2
Lot 4424 Grave	C/T How s	ection	Division Block	18
Invelice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67 20% Sales Care 77	007 //9	01
Acct. No.	01087609 7900	80% Sales of Lote 77	100 476	10
w.o. E - 5954	1986	Openings & Service Charges 77	100 320	00
Unpeid Belance after this Payment	1108	Buriel Containers 77	100 //00	NO
Table 1		Recording tess or miss, service tess 77	100	10
Pre-Need At Need On Acct		Sales Tax 60	101 6	00
AC-212 (Rev. 8-86)	ISSUED BY	TOTAL PAID	· lall	155

PERMIT FOR ISPOSITION OF HUMAN REMAINS

		USE BLACK INK—MAKE NO	ALTERATIONS OR ERASU	RES	
NAME OF DECEDEN	lay Daniels		SEX Male	Fob. 11, 19	DATE OF DEATH June 3, 1986
Sen Did	9	PLACE OF DEATH—COUNTY San Diego	IOR STATE IF NOT IN CALIFORNI	Mrs. Margie	OF SPOUSE OR OTHER INFORMANT Daniels - Wife
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON A	CTING AS SUCH)	CALIFORNIA LICENSE NUMBER	5714 Olvera San Diego, (
统 计	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	No	
1 BURIAL (IN	CLUDES ENTOMBMENT	5 DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES		AND REINTERMENT OF CREMATED DES INURNMENT)
2. CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CRE			OF CREMATED REMAINS AND HER THAN IN A CEMETERY
3. CREMATIO CEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY	FOR COR	NONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY V		REMAINS ARE TO BE INTER	ME54	COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSO	ON IN CHARGE OF CHEMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION :	SUFFICIENT TO IDENTIFY FIN.	AL PLACE AND <u>COUNTY</u> O	F DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REG	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of the resposs and nuisance laws o	Health and Safety Code, pply and understand that	>	CANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED.	OE AND IS THE) JUN 0618	186 Nonall B	REMOTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON	9 1986 SICNAME NTER DATE)	E OF PERSON IN CAMBGE OF	DISPOSITION LICE	INSE NUMBER OF CREMATED EMAINS POSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF		Ju Bull		

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

INTERMENT ORDER u are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 ___ __ Section . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees ... Flower vases - Marker setting f Recording and filing fee I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and intermy I hereby authorize the interment in lot I hold under deed. are of recorded helder of deed Zio Code Invoice # Work Order #

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33423 CANARY..... CEMETERY MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3161 Payment of Division Grave Section NOT VALLE OF PARTY DITOR ROBER Invoice No 20% Sales Care 90% Sales Acct. No. of Lots **Enpeld Balance** iter this Psymen Recording fees or On Acct Salas Tax ISSUED BY TOTAL PAID AC-212 (Rev. 6-85)

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA			
	WHITE TO CUSTOMES CANARY CEMETERY - AUGITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 264-3151	N2	33512	The state of the s
	From aida Villega	2 Address: 1020 & 3/1st	Date: 1/2/1/3	19.	1
	Stefty am of	Land Calte	Dollars (8_	5000	
3,10	In Payment of	Sayment # 1-	Supon	THE PERSON NAMED IN	-
生物	Lot 3763 Grave_	NOT VALID FOR PURPOSE STATED UNLESS STAMPED THAT I'M SPACE	Section 57007	Division /	0
1. 3	Acct. No.	- April - Art - Ar	20% Sales Care 77184	50	,0
-	W.O S 9 S J Unpeld Balance after this Payment	JUL 08 100 POR	Consider the Service Charges 77181		1
	and the rayment	108 10gg	Buriel 100 Containers 77182	2000	0
	Ck Cash On Acct	Sand Droff	Sales Tax 8020	70	200
	AC-212 (Rev. 0-96)	INSUED BY	TOTAL PAID	000	14

		10	da 20	F. So	V1	18	ega t S A 9	t.	13		
		Mon	th ar	d Da	y Du	e In	dicat	ed B	elow	<u> </u>	
JAN	FEB	MAR	APR	MAY	JUN	X	AUG	SEP	OCT	NOV	DEC
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Amou	nt due lue da	paid r abov	nore th	en	da	1	\$				
Amou	ive d	paid	nore the	C	da ed idunt F	2	S S				

OFFICIAL RECEIPT CITY OF SAN DIEGO: CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33600 **MOUNT HOPE CEMETERY** 264-3161 Division Section NOT VALID FOR PURBOSE STATED UNLESS STAMPED TAIL IN THIS SPACE CREDIT CAME Invoice No. 80% Sales Acct. No. of Loss **Unpaid Balance** after this Paymen TOTAL PAID AC-212 (Rev. 8-86)

	NOT					nit*gnc	2000	- A 100	120000		2
100			2000	7				FI	59	55	000
AU	COUN	MO.	E-	-59	55				5 10 KG		
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		Sa	n i	Die	go	, c	A	921	13		
						je Ini					
FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
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	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: A.F. Villegan	CITY OF SAN DIEGO, CAMPERNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address:	Nº 3	33694 	d
	In Box Payment of Down	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	Bollers (8- Section 87007 30% Sales Care 77184	Division /	0
•	Acct. No. W.O. E - 5951 Unpaid Balance #39500 after this Payment #39500 Pre-Need At Need On Acct Acct Acceptable 8-881	SEP 05 1986	80% Select 77184 Openings & 100 Service Charges 77181 Burlet 100 Containers 77182 Recording fees or 100 misc. service fees 77183 Selec Tex 8020 TOTAL PAID 6	50 %	0

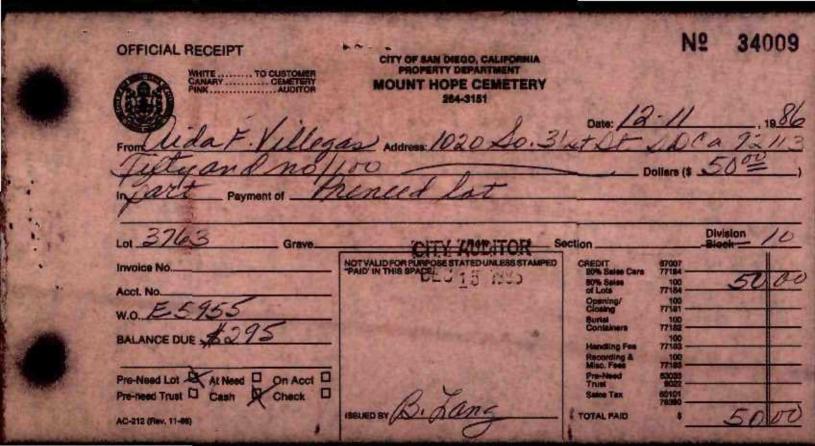
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OFFICIAL RECEIPT CITY OF EAR DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33793 CANARY..... CEMETERY MOUNT HOPE CEMETERY GOLDENBOD RETAIN 264-3151 Division Gravi Section Let NOT VALID FOR PURPOSE STATED UNLESS STAMPED Invoice No. SON Sale Acct. No. Openings Service Cr OCT 1 0 1986 Unpaid Balance after this Psyment On Acct TOTAL PAID AC-212 (Rev. 8-86)

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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Part of the second	294-3151	· · · · · · · · · · · · · · · · · · ·		
From lida F. Villes	Ma Address: 1020 10 3/	Date: Da	1-63	.198
Jesty and not	IN TO		ollers (\$ 50°C	0
Payment of file	need for For	,	Division	
Lot 37103 Grave	RowS	action	Plock-	10
Pre-Need Lot At Need On Acct Pre-need Trust Cash Re Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 29% Sales Care 80% Sales of Lots Opening/ Closing Burist Contenes Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77182 100 77182 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183	0 00
AC-212 (Rev. 11-86)	ISSUED BY LOING	TOTAL PAID	· 51	0110

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CANARY DEMETERY AUDITOR	MOUNT HOPE CEMETERY 284-3151 Gas Address: 1020 Jo. 3	Date: 0:	5-05 Ca. 92	_,10.87
Tosty fine and	no 100 -	D D	ca 1=	00
Lot 3763 Grave_	RowS	ection	Division Black	10
Invoice No	MOTIVALIO FOR PLUIPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers	67007 77184 100 77184 100 77181 100 77182	500
Pre-Need Lot - At Need On Acct Deliver of Check Of Ac-ets (New, 11-66)		Handling Fac Recording & Misc. Face Pro-Necd Trust Sales Tax	100 77183 100 77183 83033 8022 80101 78590	500

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mou fter	nt due due da	ve. If paid	0 i	han	da		s s		50.	4.	50

MT. HOPE CEMETERY

INTERMENT ORDER

Λ	City of San Diego
Par Off	The state of the s
renied pus	Date 6-5 86
lar	7
111.00.	ed, subject to your ryles and regulations, to inter the remains
of Williams	Whight, so.
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 ver	teran
Lot 2 Grave 12 Row	Section Division/8lock
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	32000
Burial Container	ault 17500
Handling Fees	17100
Flower vases - Marker setting fee	
Recording and filing fee	350
	10.50
	Total Due 7/0,52
7-28-86	Paid receipt number 33584 / 5000
/ /	
	Balance due 66 03 4
I hereby certify I am the	of the above named decadent
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent ization and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	ation and interment.
	Mainrold
I hereby authorize the interment in lot I hold under deed.	Moneture /
515001 4.7500 5.830 400 400 700 700 FC	3784 Boston ave
Signature of recorded holder of deed	Jan Deego Ca 42/13
	Talaghana
	Invoice #
Work Order # E 5956	Acct. #

660 50 8-4-86 336031 61050 50 ou 9-15-86 33739 56050 50 00 125-86 339851 510.50 02-04-87-34168V 60 50 343341 13-19-87 400 15-06-87 34531/ 50 34667 06-08-87 7-/ The Oriens act far hores the above Pre-Red Services cording feel are not gurerated prices. 1000 toll of S av additional Sylvat, if applicable, will be required to reflect the current cost of providing the service 9 No Procest will be stated the prepaid amount Set 10-14-87 35160 100 ge 5000 50.00 0



WHITE TO CUSTOMER CANARY. CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33584

From: Willie A Whigh	Address 37 4 Conton	Dotte: Dollars	Ca 9311	25
Lot Grave	A BOW S	ection 17	Division 7	7
Invoice No.	NOT VALID PROPERTY OF STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184	No.	
Acct. No.	WILL 30 1900 TOR	at Lots 77164	Control of the Contro	
N.O. E 75 9	30 700	Openings & 100 Service Charges 77181	Control of the last of the las	
ofter this Payment # 16401	7006	Surial 10X Cantainers 77183	State of the later	
re-Need At Need On Act		Recording fees or 100 misc, service fees 77183		
Ck Cesh D		Seles Tax 8000		
AC-212 (Rev. 8-86)	ISSUED BY A MANUAL TO THE STATE OF THE STATE	TOTAL PAID	50	6



WHITE TO CUSTOMER
CAMARY CEMETERY
PRIK AUDITOR
GOLDENROD RETAIN

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

1251

Nº 33603

From: Gallie a wy	2017 Address: 3784 DASTON	Dete: Dollars (1a.95 50 0	113
In Payment of	/ 2 Row S	ection	Division Block	7
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184		
Acct. No.	AUG 07 1986	90% Salas 100 of Lots 77184	The Property lies	
W.O.E -5 75 6 Unpaid Balance / 1050	- Alla AUDITO	Openings & 100 Service Charges 77181		13
after this Payment 6/03	- 00 m 991/2	Guriel 100 Containers 77182	1887	
and the state of t	- 866	flooording fees or 100 mise, service fees 77183		
THE RESERVE THE PARTY OF THE PA				
Pre-Need At Need On Acct		Sales Yes 9020		

\$10.50	OFFICIAL RECEIPT WANTE TO CUSTOMER CANALYY CEMETERY PROFIT OF MAJORITOR SOLDENROD RETAIN From: Walling A Wanted To the Control of the Contr	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: D Address: D Land On Ou hud	Dette: 9/15/ Dette: 9/15/ Lenni For	33739 86 .10 5000
	Invoice No. Acct. No. Acct. No. W.O. F - 5956 Unpaid Balance after this Payment 560 2 Pre-Need At Need On Acct Ct. Ct. Cash	HOT VALO FOR PURPOSE STATED UNLESS STAMPED TRAID' IN THIS SPACE.	CREDIT 87007 20% Sales Care 77764 80% Sales 77764 Contings 6 100 Service Charges 77781 Buriel 100 Containers 77782 Hocoming less or 100 main, service fees or 77783	Division 7 Block

	WHITE	TO CUSTOMER CEMETERY AUDITOR
Mark B	Pilet	AUDITON

From: Wallie a. Why	MOUNT HOPE CEMETERY 284-3181 ALL Address: 3784 Batton	Dato: 12-	5 1086 Dea 926
In Payment of The Grave	La Row Se	Dol	Division 7
Invoice No Acct. No W.O. E 5956 BALANCE DUE \$ 51050 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CITY AUDITOR LEC 15 122)	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containors Handling Fee Recording & Misc. Fees Pre-Need Trust	57007 77184 100 77184 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185
AC-212 (Rev. 11-86)	ISSUED BY JOY ON THE	TOTAL PAID	5000

URGENT - REPLY IMMEDIATELY NO REPLY REQUIRED Bay- 10 DATE: 03-10-89 SUBJECT ALCECTA THE Stone Cen The following Muipts for mit Hope contling have but been returned to 1907-56 - # 337444 7 There are just some of many musing 89-15-86-# 387394 11-15-87-# 341051 SIGNED MAH 12 01-16-87-# 341091 * Logged in 9/8/86 - returned. 3 X Logged in 1/20/87 - returned 3/12/87 RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF NAN DIEGO, GALIFORMIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

	284-3151	Date: Feb	, 19.2
Fifty dollars and	Address 3784 Boston		Co 9311:
In first Payment of 7	ranged Irust 12 Row So	ection 17	Division 7
Acct. No.	MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77154 80% Sales 100 of Lots 77154 Opening 77154	
W.O. 6 5 7 5 6 BALANCE DUE \$460 .50		Burket 100 Containers 27185 100 Hamiling Fee 77185 Recording 8 100 Misc. Fees 77185	
Pre-need Lot At Need On Acct Pre-need Trust Cash Check		Pre-Heed 8303: Trust 902: Sales Tex 6010 TOTAL PAID	the state of the s

350	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGRA CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	N	9 34667
	From Walkied Why in Payment of	Address & D. A.	Date: June Dollars (5)	100 32,
1000	Lot Grave Invoice No Acct. No	RowS	CREDIT 87007 20% Salas Care 77184 — 675 Salas Care 77184 — 675 Salas 100 of Lots 77184 — 100 Closing 77181 — 77181	Division
8	Pre-Need Lot At Need On Acct Pre-need Trust & Cash Check Ac-212 (New 11-86)	ISSUED BY LEDGELLE MAN	Glosing 77181 — Surial 100 Containers 77182 — Handling Fee 77185 — Recording 8 100 Miss. Feee 77185 — Pre-Need 63033 Trust 9022 — Selies Tax 60101 78360 — TOTAL PAID 8	100 00

CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151		
From Valle Miles	L Address 3774 Ma	pete: 7	14 .1081
Lifty all	Tais 1	Dollars (&	50.00
In UPayment of	a- new July	Reposer	
Lot Grave	/2s	ection /7	Division 7
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID! IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 —	Passiol 7
Acct. No		80% Sales 700 of Lots 77164 — Opening/ 100	5-18 -
wo 6 3 73 6	THE RESERVE OF THE PARTY OF THE	Closing 77181 — Burtel 100 Conteiners 77182 —	
BALANCE DUE #200.00	· · · · · · · · · · · · · · · · · · ·	Handling Fee 77183 —	
Pre-Need Lot At Need On Acct		Recording & 100 Miss. Fens 77183 — Pre-Need 63035 7 Trust 9022 —	-50 -
Pre-need Trust X Cash Check	0/1/1/2	Trust 9022 — Saise Tax 90101 70390 —	DE COMMENT
AG-212 (New. 11-80) /66	issued or day week	TOTAL PAID	50-

WHITE TO CLISTOMER

	7	CANARY CEMETERY SHIKE AUDITOR	MOUNT HOPE CEMETERY		
	神	From Wallie Wright	Address 3784 Boston	Ave SD	19 ,10.87
•	deny series	Fifty dollars an Payment of E	l No	- out Dollars	\$ 50.00
All and	* 2 g	Lot 2 Grave		Section 17	Division 7
	13-20	Invoice No	NOT VALID FOR PLIPPOSE STATED UNLESS STAMPED PAID: IN THIS SPACE.	87% Sates 100 of Lobs 77.184 Opening/ 100 Closing 77.181 Burtel 100	
6	K#1	Pre-Need Lot At Need On Acct		Containers 77188 Handling Fee 77183 Recording 8 100 Misc. Fees 77183 Pra-Need 50033 Trust 8002	50-
1			188UED BY Dave Journey	Sales Tax 80101 78300 TOTAL PAID 8	50 00

CAMANY CEMETERY AUDITOR	MOUNT HOPE CEMETERY 264-3151	0	-	0
From Valley Wurtt	- Address: 3784 Ba	200 To	u SD	1087
Hilly dall	aread dust	Derre	Hars (\$ 50.0	20,
Payment of TO	12	1-1	Division	H
Lot Grave	RowS	action	Bledir_	1
Involce No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	S 57/2
Acct. No.		60% Sales of Lote Opening/ Glosing	180	7
W.O. E -3756	THE THE PERSON NAMED IN	Burist	77181 100 77102	
BALANCE DUE 7/00		Handling Fee	100 77163	
		Recording & Misc. Fees	77183	-
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	1 . 1.1	Pre-Need Trust Balon Tax	9002 O	0
AC-212 (New, 11-80)	Gody Work	TOTAL PAID	78300	0 -

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANANY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 284-3151	11.1	/_ 0	11
From: Walley W	right Address: 3784 6	oslonan-	190	1
to Spayment of DO	Deposit to Buril	Trust Dollars (\$		
Lot 2 Grave		ection 17	Division 7	
Agot. No.	PAID IN THIS SPACE CITY AUB	CREDIT 87007 20% Sales Care 100 of Lots 77184 - 100 or Lots 77184 - 100 or Lots 77181		No. of the last
BALANCE DUE	_ Nov 25	Surial -100 Containers 77182 - 100 100 17183 -		STATE OF THE PERSON NAMED IN
Pre-Need Lot At Need On Acct	a pos	Hecording & 100 Miles. Fees 77183 - Pro-Heed 63033 Trust 9532 - Sales Tax 80101 75380 -	500	0
AC-212 (Rev. 11-90)	ISSUED & CONFLICT LINE	TOTAL PAID \$	500	C



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

From: Walley Wright	264-3151 Address 3784 Bosto	Date: 18-14	, 19.87
InPayment of _Payment of	med But Papoit		50.00
Lot Grave	/2 Row Se	ection 17	Division 7
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 57007 20th Sales Care 77184 — 80% Sales 100 of Lots 77184 — 0 Opening/ 100 Closing 77181 — 8urtal 100 Gontainers 77182 — 100 Handling Fee 77183 — Recording 8 100 Misc. Fees 77183 — Pre-Need 63033 Trust 9022 —	50 00
Pre-need Trust Cash Check AC-212 (Rev. 11-86)	ISSUED BY Bruce Marrison	Seles Tax 80101 78390 — TOTAL PAID \$	50 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-86

11000000	eject to your rules and regulations, to inter the remains
d 9000 H	meral date time Diles 6/10 /2:0
- CILY	O. a.
Church, Chapel, Graveside	So : Meenwood Mortuery
	of regular work day or an extra charge will be applied
and billed to undersigned. Wer time veteran	WW2-aimy.
Lot 57 Grave 5 Row	Section 3 Division/Block 5
Grave space & Care Fund £ 4.9.	13 menera
Additional spaces and care fund	
Opening/Closing & Setup #295.07) - 320 25°
Burial Container 259.70 -	- \$251 X8.7
Handling Fees	1010
Flower van Marker Setting To Chul	and Solleni hee 130.0
PAIDIO	I marking
Recording and filling fee	11/1 3/
Sales taxes 1011 5. 1988	9.Q 7 3
MILECALLY STREETERY	Total Due
CITY of SAN BIEGO, CALIF. Paid I	eceipt number 83430 FFE.
rational Greener	loud Balance due C
v. 7. 40. 1	
I hereby certify I am the and this is your authority to make disposition	of remains as above indicated. I certify and represen
that I have the right to make this authorization any liability on account of said authorization :	and I agree to hold Mt. Hope Cemetery harmless from and interment.
	CONTRACTOR
I hereby authorize the interment in lot I hold under deed.	x Ruly m. anglin
	x 42 Lo 444 At 17223
Signature of recorded holder of deed	State Te Cook
	X((19)563-6789
	Invoice #
Work Order # E 5957	Acct. #
"Y-693 (REV. 8-86)	THE ROLL OF THE PARTY OF THE PA

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº Nº	33430
	From: Guby M. ang	lin Address: 4260-447	Date: 6/5/ # 223-x Dollars (*)	14632 ,
Accord.	Lot 57 Grave_ Invoice No.		ection 3 CREDIT 57007 20% Sales Care 77184 _ 80% Sales 100	Division 5
3	W.O. E-5951 Unpaid Belance after this Payment	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PARAMENTHIS SPACE VUN 09 1986	Openings & 100 Service Charges 77181 Buriel 100 Consainers 77182 Recording fees or 100 misc. service fees 77183	16 30
	Pre-Need At Need On Acct Ck Cesh C	BSUED BY CONCENTRATE	Sales Tax 9020 _ TOTAL PAID • _	146 30

PERMIT FOR SPOSITION OF HUMAN REMAINS



NAME OF DECEDEN	·	CONTRACTOR NOW COMMENT	SEX	DATE OF BIRTH	DATE OF DEATH
NAME OF DECEDEN	nes Hampford Laynon	M.	Mala	Nov. 27.	4112-9-79 CONT. 100 TO
PLACE OF DEATH-			TY IOR STATE IF NOT IN CALIFORNIA	NAME AND ADDRE	ESS OF SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR (OR PERO		CALIFORNIA LICENSE NUMBER P-843	4260 44th	Street, #223 , California 92115
100	TYPE OF PE	RMIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES O	F DISPOSITION	
BURIAL UN	CLUDES ENTOMBMENT)	5. DISINTERMENT A	ND BURIAL (INCLUDES		IT AND REINTERMENT OF CREMATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT	B. DISINTERMENT, (INCLUDES INUR	CREMATION, AND BURIAL NMENT)	9 DISINTERMEN	NT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATIO CEMETERY 1 4 SCIENTIFIC		1.050 (2000 CH DE DOMESTICA CONTRACTOR CONTR	CREMATION, AND DISPOSITION A CEMETERY	FOR C	ORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY		TED REMAINS ARE TO BE INTERR		COUNTY See Diego
CREMATION	NAME AND ADDRESS OF CREMATORY	WHERE REMAINS ARE TO BE C	CREMATED DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOR	ELINE, OR OTHER DESCRIPTIO	ON SUFFICIENT TO IDENTIFY FINA	L PLACE AND COUNT	Y OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RI	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the premains of the above named de and I hereby acknowledge that this permit gives no right of unre	cedent under provisions of trespass and nuisance law	the Health and Safety Code, a apply and understand that	SIGNATURE OF API	PLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE W OF THE CALIFORNIA HEALTH AND SAFETY O AUTHORITY FOR THE DISPOSITION SPECIFIES	ODE AND IS THE	DATE PERMIT ISSUED JUN 1 0 198	6 Norall	AL COMMAN M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED UNDER THE DISPOSITION WAS MADE ON	1 0 1986 SIGNAT	NUMBER OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR O	F COUNTY OF DEATH		30	* "

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/5/86

You are hereby outhorized and instructed, sub	oject to your rules and regulations, to inter the remains
of Michael S.	Lowe 1 Jan 5:
in a Japan Vault Fu	ineral, date, time 6/6 atd FM tru
Church, Chapel, Graveside Chapel	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	<u></u>
1742	10
Lot 1/12 Greve Row	Scotion Division / Black
Grave space & Care Fund Tu h	us =
Additional spaces and care fund _4	(3)three
Opening/Closing & Setup P. A.Y.	Our # E-2160
Burial Container	17.000
Handling Fees	17000
Flower vases - Marker setting fee	Control (and the rest of the control
Recording azerMing As . I	3(00
IPAIDI	10.50
Sales takes	290.4
JUN 5	7 > 477 200 C
- COMP CEMETERY	aceipt number
CITY of SAN DIEGO, CALIF.	Balance due
I hereby certify I am the - Wills	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	* Florence 2 Lower 4356 Illinois of.
Signature of recorded holder of dead	State 281-2266 Zip Code
Work Order # E 5958	Invaice #
Work Order #	Acct. #

	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 266-3151	Nº Nº	33427
	From Joseph Loren	+ Address 0 4356 All	Date: 6/5/8	104
	In full Payment of the	terment feer for Rel	and Law - de	-
	Lot 1742 Grave		action	Division 10
- 5	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THE SPACE OF 1000	CREDIT 67907 20% Sales Care 77184 80% Sales 100 of Lots 77184	-
	W.O.E. 59.58 Unpaid Balance	1986 1984	Openings & 100 Service Chargos 77181	120
	after this Payment	00	Guriel 100 Containers 77182	205 00
	Pre-Need At Need On Acct C	ISSUED TO CONTROLLED	States Tax 80101 8020 _	390 50

PERMIT FOR SPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES DATE OF DEATH NAME OF DECEDENT DATE OF BIRTH 6/4/86 Richard S. Lowe Male 8/30/02 PLACE OF DEATH-CITY OR TOWN NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego Florence Q. Lowe National City Wife NAME AND ADDRESS OF FUNERAL DIRECTOR TOR PERSON ACTING AS SUCH) CALIFORNIA LICENSE NUMBER 4356 Illinois Street Goodbody Mortuary San Diego, CA F 790 San Diego, California 92104

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

	and the second s	BLAN STANDARD CORP. TANDARD STANDARD STANDARD				
1 BURIAL (INCLUDES ENTOMBMENT) 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURAMENT) 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
						INTERMENT
CREMATION NAME AND ADDRESS OF CREMATORY W		HERE REMAINS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF P	ERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	INÉ, OR OTHER DESCRIPTION SUFFIC	CIENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the		SIGNATURE OF APPLICANT DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	DE AND IS THE	JUN 5 1986	SIGNATURE OF L	CAN RECISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUNE DISPOSITION WAS MADE ON LEN	6 1986 SIGNATURE OF	PERSON IN CHARGE OF D	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH				

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/86

and the second s	
You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
1 - (R.00)	11/02-6/11-9Am
Church, Chapel, Graveside	Funeral, date, time Wed-GII - YAM.
	0 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time ve	Ro- lu 10 Am
-1/4 17	2 11
Lot 72 Grave Row	Section Division/Block
Grave space & Care Fund	250 °C
Additional spaces and care fund	more -
Opening/Closing & Setup	3200
Burial Container	100 =
Handling Fees	lenin 175=
Flower vases - Marker setting fee	
Recording and filing fee	3000
Sales taxes	200
note las	7040 Due
200	Paid receipt number 33 73/ 300 =
	430 33503 - NZ =
I hereby certify I am the	of the above named decedent
that I have the right to make this author	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	zation and interment. 6 JOh 1).
I hereby authorize the interment in lot hold under deed.	Signatural of Colored
	x3(1)2 maste story the
Signature of recorded holder of deed	State 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Tologo Control
	044084
Work Order # E 5959	Invoice # O/ 7/055
Work Order # L 0000	Acct. #

60	NOTE-S	STRAIGH	r	,
536-	San Diego,	, California,	Jem 6	1986
30			ex. the undersigned maker	(s) promise(s) to pay to
Mt. Hope Cemetery or San	Diego City	Treasurer		
at 3751 Market St., San Die	een CA 921	0.2		, or order
the sum of Twe Heindu	& Lifty	Lug a	1000 =	DOLLARS.
with interest from	e on deman	nd	on the unpaid	principal at the rate of
Should interest not be paid when due, it sinterest when due, the whole sum of principal holder of this note. Interest after maturity will a United States. Each maker will be jointly and so hereof before, at or after maturity, and waives program who signs this note agrees that recourse action be instituted on this note, the undersign	and accrued interest accrue at the rate and everally liable and co resentment, demand e may be had agains	st shall become immicated above. Princi onsents to renewals and protest and the this/her separate;	nediately due, without noting parand interest are payable replacements and extension right to assert any statute or property for any obligation of	ce at the option of the e in lawful money of the ons of time for payment of limitations. A married contained herein. If any
MAKE ALL PAYMENTS AT MT.		ERY OFFICE	Mailin	g Address

E5959



5720506/19/66 400.00 INVS 06/19/86 5720 5 400.00- CH 06/19/86 5720 5 .00 BA

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33431 MOUNT HOPE CEMETERY GOLDENROO RETAIL 264-3151 Dollars (80 Payment of Division Grave Section NOT VALIDADE PRIPOSE STATED UNLESS STAMPED PAID IN THIS SPACE AUDITOR CREDIT 20% Sales Care Invoice No. 80% Sales Acct. No of Lots Openings & Sarvios Charges Unpaid Balance Buriot after this Payment Containers Recording fees or misc. pervise fees On Acet B020 Sales Tax BOURDAY DYLL) TOTAL PAID

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENNOO RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 33468	.,19
世纪二	In Payment of On	turnet of Laisa a	Dollars (a 400 G Les (du) E - 595 Cation Division Block	9 //
4.55	Acct. No. Acct. No. W.O. E - 57 5 9 Unpaid Balance after this Payment 156 20	NOT WALE CONTROL STAMPED AND S	CREST 20% Sales Care 77154 80% Sales 100 of Lots 77164 Openings & 100 Service Charges 77181 Burlal 100 Conspiners 77182 Recording fees or 100	
	Pre-Need At Need On Acct ACCA Cash ACCA (Rev. 8-88)	Seager State	### ### ### ### ### ### ### ### #### ####	200

•	OFFICIAL RECEIPT	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	N:	2 33503	19.80
10	In Payment of	See Address: 36/2 Man	Dol	llars (0 / Co	20
	Invoice No. 044084 Acct. No. 017655 W.O. 5969	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	SC% Sales of Lots	Division / Block / Print Pri	
•	Unpeid Selence efter this Payment Pre-Need	See with	Buriat Containers Recording Ness or miso, service fees	77183 77183 77183 77183 60101 8020	00

1

PERMIT FOR SPOSITION OF HEAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Luisa Medina Orosco		SEX Female	7/25/20	6/5/86	
PLACE OF DEATH—	CITY OR TOWN Sen Diego	PLACE OF DEATH—COUNTY Sen Diego	(OR STATE IF NOT IN CALIFORNIA)	Bidal Orose	DOTE MANAGEMENT TO A STATE OF THE STATE OF T	
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PERSON A	San Diego, CA	P 790		orough Avenue California 92105	
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION		
T 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	8 DISINTERMENT AN	ID REINTERMENT OF CREMATED ES INURNMENT)	
	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CRE			CREMATED REMAINS AND ER THAN IN A CEMETERY	
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		D / DISINTERMENT, CRE OTHER THAN IN A (MATION, AND DISPOSITION CEMETERY	FOR CORONER'S USE ONLY		
INTERMENT	NAME AND ADDRESS OF CEMETERY V	NHERE REMAINS OR CREMATED Sen Diego, Calif		:D .	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY N	WHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON	I IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS		- TH		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the po remains of the above named dec and I hereby acknowledge that t this permit gives no right of unre-	edent under provisions of the respass and nuisance laws a	Health and Safety Code, pply and understand that	SIGNATURE OF APPLICA DATE SIGNED	NT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	PAID DATE PERMIT ISSUED	SIGNATURE COLOCAL	REPOSITING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUI	1 1 1986 SIGNATUR	OF PERSON IN CHARGE		SE NUMBER OF CREMATED REMAINS DSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	(- >			

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

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

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

PAID INVOICE REPORT BY DEPARTMENT AS OF 07/18/86

DATE: 07/18/86 TIME: 050755 PAGE: 3

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

3 1,511.00

NO	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	PAYM REF NO Q FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPA ID
044 084	06/13/86	0 17655	BIDAL DR 100 100 100 60101	05CD 072 072 072		77181 77182 77183 9020	0000	72	S CA		156.00 75.76 28.06 50.50 1.68	550.00	PAID IN FULL
00.5000 (CONTRACTOR CONTRACTOR)	OF INVOICE			1 56.00									

044084 06/13/86 017655 EIDAL DRO 100 100 100 60101	072 77181 072 77182 072 77183 072 9020	06/17/36 000072 000072 000072	304	400.00 194.24 71.94 129.50 4.32	556.00	PARTIAL	156.00 PAYMENT
--	---	--	-----	---	--------	---------	-------------------

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-86

of Red	oyal 1	sern	ara	101	11.
in a Ollie	Fi	ineral, date, tim	files	110	1:00
Church, Chapel, Graveside		:/	Kagpa	ale	Mortuary.
All Funeral cars must arri	ve before 3:30 p.m.	of regular work	day of an extra	charge will b	e applied
nd billed to undersigned	War time veteran				
Lot 101_ Grave	/ Row _	Section	2 Divis	on/Block_	11
Lot 712.7 Grave	Now	Section	Divis	On/ 01000	- M
Grave space & Care Fund				QX	5000
Additional spaces and car	e fund .	-			-6
Opening/Closing & Setup	E	AII)	<i>I</i>	200
Burial Container	the present old fragilities profile			/	200
Handling Fees	J	UN9. <i>.]G</i>	86	14	500
Flower vases - Marker set	ting fee	OPE CEMET	ови		
Recording and filing fee .	eny.	SAN DIEGO, C	ALIP.	ک	500
Sales taxes	*******				600
F 7		To	otal Due/	<u> </u>	5600
6-9-86	Paid r	aceipt number >	33434	8-	5600
0 100			Balar	nce due =	0-
	Maria	10.00	1		
I hereby certify I am the _ and this is your authority t	o make disposition	of remains as a	bove indicated.	certify and	represent
that I have the right to mak any liability on account of	e this authorization said authorization	n and I agree to h and interment.	old Mt. Hope Ce	metery harm	less from
		0.00	·- CO	har	£0
I hereby authorize the inte	rment in lot I	Spineture	ia cu	NOU	
Dessio C	Ober	Addess	01 100		75113
Dignshure of recorded holder of deed	E ROINGS	30	10500	4	Zip Code
		Telephone	183080		
Work Order # E 590	30	Invoice	! — — —		_
Work Order # L U J	,,,	Acct. #			

OFFICIAL RECEIPT



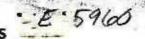
WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33434

From Payment of 150	Address 3086 Clay	Date: De-1	92113
Lot 101 Grave 1	RowS	action 3	Division //
Acct. No.	NOT VALID FOR ADMOSE STATED UNLESS STAMPED PAID! IN THE STATE AUDITOR	CREDIT 67007 20% Sales Care 77194 80% Sales 100 of Lots 77196	200 00
Unpaid Balance after this Payment	2 1986 986	Openings & 100 Service Charges 77181 Burlot 100 Containers 77182	THE RESERVE OF THE PERSON NAMED IN
Pre-Need At Need On Acct		Recording fees or 77168 misc. service fees 77168 60101 Seles Tex 8020	180
AC-212 (Rev. 8-85)	IBSUED BY DO 1007	TOTAL PAID	856 00

PERMIT FOR SPOSITION OF HUMAN REMAINS





NAME OF DECEDEN	AXA ROY Berner		SÉX	June 16. 188	DATE OF DEATH 8 June 3, 1986
PLACE OF DEATH—	CITY OR TOWN	Contract Con	ION STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF	F SPOUSE OR OTHER INFORMANT
	ss of funeral director ion person ac son-Ragsdale Nertuary	TING AS SUCHI	CALIFORNIA LICENSE NUMBER 1329	3086 Clay Av San Diego, C	
40	TYPE OF PERM	NT, CHECK ONLY ONE OF	THE FOLLOWING TYPES OF	DISPOSITION	
🔊 1. BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8. DISINTERMENT AN REMAINS (INCLUDI	D REINTERMENT OF CREMATED ES INURNMENT)
	N AND BURIAL (INCLUDES INURNMENT)	B. DISINTERMENT, CRE			CREMATED REMAINS AND ER THAN IN A CEMETERY
☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC		7. DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY	FOR CORC	DNER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY WI	HERE REMAINS OR CREMATED		D I	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	AODRESS, NEAREST POINT ON SHORELI	ne, or other description :	SUFFICIENT TO THENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I knowledge that treatment and pulsares have each and understand that				NT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORINA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	DATE PERMIT ISSUED	SIGNATURAL LOCALE	RISMAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON THE	TER DATE	E OF PERSON IN CHARGE OF S	DISPOSITION LICEN DISPO	SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF C	COUNTY OF DEATH	igo		

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

INTERMENT ORDER You are hereby authorized and instructed, subject to your rulgs and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an and billed to undersigned. War time veteran \underline{ww} 2 \dagger Grave space & Care Fund ... Additional spaces and care fund Opening/Closing & Setup Handling Fees Flower vases - Marker setting fee ... Recording and filing fee 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 hermless from any 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 Invoice # E 5961

PY-583 (REV. 8-88)

W.O. NO. E-5961.

	NOTE-STRAIGH	Γ //
:1519 20	San Diego, California,	6/6/86 19_
Mt. Hope Cemetery of	<u>days</u> after date, for value receiver San Diego City Treasurer	ed, the undersigned maker(s) promise(s) to pay to
. 3751 Market St. S	an Diego, CA 92102	or order
the sum of	Length henter and %	on the unpaid principal at the rate of
Should interest not be paid whe interest when due, the whole sum o holder of this note. Interest after mat United States. Each maker will be joi hereo! before, at or after maturity, and person who signs this note agrees the	n due, it shall thereafter bear like interest as the figrincipal and accrued interest shall become immurity will accrue at the rate indicated above. Principally and severally hable and consents to renewals, which was presentment, demand and protest and the at recourse may be had against his/her separate pundersigned promise(s) to pay such sum as the	nediately due, without notice, at the option of the pal and interest are payable in lawful money of the replacements and extensions of time for payment right to assert any statute of limitations. A married property for any obligation contained herein. If any
MAKE ALL PAYMENTS A	AT MT. HOPE CEMETERY OFFICE	Mailing Address

£ 5961

CITY TREASURER SAN DIEGO CALIFORNIA

4422307/11/86 1519.80 INVS 07/11/86 4422 3 1519.80- CH 07/11/86 4422 3 .00 8A

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANALY CEMETERY AUDITOR SOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 7/9	33533	9
	From Lant C Bealeful True In full Payment of Julius	ten 2 3%00 Roy A	Colofeld	f-dec.	0
	Acct. No.	NALID FOR PURPOSE STATED UNLESS STAMPED O' IN THIS SPACE.	CREDIT 570 20% Sales Core 771 80% Sales Core 771 Countings 6	A STATE OF THE PARTY OF THE PAR	1
•	Unpaid Balance after this Payment Pre-Need At Need On Acct C	a land	Service Churges 771 Burlel 771 Containers 771	91 00 82 00 53	
	CR AN COST	1 1 2 2 2 1 1 1	Total Control of the	No. of the last of	

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PERMIT FOR DISSITION OF MAN REMAINS

HEE BLACK INIV. MAKE NO ALTERATIONS OF EDASINES

	U	SE BLACK INK—MAKE NO ALTER	ATIONS OR ERASUR	ES	
NAME OF DECEDEN			SEX	MOT 7. 1919	DATE OF DEATH
The second second	HILLIAND		male		
PLACE OF DEATH-	-CITY OR TOWN	PLACE OF DEATH—COUNTY IOR STA	ITE IF NOT IN CALIFORNIA)		F SPOUSE OR OTHER INFORMANT
NAME AND ADDRE	SS OF FUNERAL DIRECTOR (OR PERSON ACT	TING AS SUCHIELD THE CALIFO	ORNIA LICENSE NUMBER	10609 Vista V	alle Dr.
	NIAL/NEWBOOGH 3051 H1 Ca		¥-490	San Diego, CA	92131
	TYPE OF PERM	IT, CHECK ONLY ONE OF THE F	OLLOWING TYPES O	F DISPOSITION	
3 1 BURIAL (IN	NCLUDES ENTOMBMENT)	5 DISINTERMENT AND BURIAL ENTOMBMENT)	UNCLUDES	B DISINTERMENT AND	D REINTERMENT OF CREMATED S INURNMENT)
(1904)	IN AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CREMATION INCLUDES INURNMENT!	L AND BURIAL	9 DISINTERMENT OF DISPOSITION OTHER	CREMATED REMAINS AND R THAN IN A CEMETERY
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY WE	HERE REMAINS OR CREMATED REMAINS TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		ED C	Sen Biego
CREMATION	NAME AND ADDRESS OF CREMATORY WE	IERE REMAINS ARE TO BE CREMÂTED	DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELIN	NE, OR OTHER DESCRIPTION SUFFICI	ENT TO IDENTIFY FINAL	PLACE AND COUNTY OF I	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per- remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrestr	lent under provisions of the Healt spans and nuisance laws apply a	h and Safety Code, nd understand that	SIGNATURE OF APPLICAN DATE SIGNED	VT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE THIS PERMIT	JUN 1 7 198	6 + Storall A.	PORTER ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	LERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATORE OF P	ERSON A CHARGE OF	DISPOSITION LICENS DISPOS	SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	4		

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

TO OCCUR IN ANOTHER COUNTY 044415 06/25/86 017767 JANET BIELEFELDT 100 072 100 072 100 072 1,519.50 320.00 330.00 355.00 396.00 19.00 99.00 07/09/86 CK 77181 000072 77182 000072 77183 000072 77184 000072 9020 77184 072 072 072 100 60101 NUMBER OF INVOICES PAID TOTAL AMOUNT PAID 2.194.80

10

1,519.80

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/86

You are hereby authorized and instructed, sub	pject to your rules and regulations, to inter the remains
of Rell Lines 5	arrigia - 1-11
in a Veulininer po	ineral, date, time
Church, Chapel, Graveside	Mortuary Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
billed to undersigned. Wer time veteran	NO. about 10:45
101 113 Grave 6 800 -	Section 2 Division/9-1
	200
Grave space & Care Fund	900E
Additional spaces and care fund	1)
Opening/Closing & Setup	1 1 LODNES 300 3
Buriel Container	100
Handling Fees	1450
Flower vases - Marker setting fee	
Recording and filing fee	<u>35°£°</u>
Seles exergen A I	_ 6 00
PAID	6/0/ Total Due 8562
IUN O BIG	7/86 33432 856°
JUN 9	Balance due
MT. HOPE CEMETERY	.
here SANDIEGO, CALLEY	of the above named deceden of remains as above indicated. I certify and represen
that I have the right to make this authorization any liability on account of said authorization.	and lagree to hold Mt. Hope Cemetery harmless from
any reading on account of said outfortastion	H .
I hereby authorize the interment in lot I hold under deed.	* Hathlen of arregue
noid under deed.	*P/0 BOX 354
Signature of recorded helder of deed	JAN YSIDRO, Zieco
	Tologhore 92073.
Frace	Invoice #
Work Order # E 5962	Acct. #

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PROPERTY OF AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	011037 Nº	33432	1
In feel Payment of	the must few for	John Farry	856°0	-
Invoice No	NOT VALID FOR PURPOSE/STATED UNLESS STAMPED PAID IN THE SPACE.	Section 67007 20% Sales Care 77184 80% Sales 77184 77184	50 00	0
W.O. E 5962 Unpeid Balance efter this Payment	1986	Openings & 100 Service Charges 77181 Burial 100 Containers 77182 Recording Joss or 100	32000	2
Pre-Need At Need On Acct C	Super Seozen States	Sales Tex 9020	856 00	0



-E5962

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	ohn (n) Parrug	de	Male	April 11, 19	DATE OF DEATH 1986
PLACE OF DEATH—	DIREC	PLACE OF DEATH—COUNTY	IOR STATE IF NOT IN CALIFORNIA		
	S OF FUNERAL DIRECTOR (OR PERSON AC	ring as suchi a Vista, Ca.	CALIFORNIA LICENSE NUMBER	Chula Viste	
	TYPE OF PERM	IT, CHECK <u>ONLY ONE</u> OF	THE FOLLOWING TYPES O	F DISPOSITION	
BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8 DISINTERMENT AN	NO REINTERMENT OF CREMATED DES INURNMENT)
	N AND BURIAL IINCLUDES INURNMENTI	6 DISINTERMENT, CRE	MATION, AND BURIAL ENT)		F CREMATED REMAINS AND HER THAN IN A CEMETERY
GEMETERY 4 SCIENTIFIC		7: DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY	FOR CORE	ONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY WHE	HERE REMAINS OR CREMATED		ED :	COUNTY Sam Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WE	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON	N IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELII	NE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per- remains of the above named deced- and I hereby acknowledge that tre- this permit gives no right of unrestr	lent under provisions of the spass and nuisance laws a	e Health and Safety Code, apply and understand that	SIGNATURE OF APPLICATION APPLI	ANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CODI AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	PAID JONE PERMY 151986	SIGNATURE LOCAL	Land MOCO.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON	1 1 1986 SIGNATU	OF PERSON IN COLOR OF		NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF C	COUNTY OF DEATH	-20 -20 -20 -20 -20 -20 -20 -20 -20 -20		= =

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

Joing ch

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

IN TAN	or sair brego
which	Date 6-9-86
You are hereby authorized and instructed, sub	jees to your rules and regulations, to inter the remains
of Charles	Slan
in a Sell Fu	meral, date, time WIA 4/11 2:00
Church, Chaper, Graveside	Laneson - A Mortusty.
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	CONCINUENTA CARTILIDADA A CONTINUENTA CONTINUENTA CARTILIDADA CARTILIDA
Odo	/ A
Lot Row Row	Section Division/Stock
SEARCH BOOK LINE OF FEMALES	Donond
Grave space & Care Fund	Transition .
Additional spaces and care fund	PAID
Opening/Closing & Setup	
Burial Container	JUN 1 1 19 01
Handling Fees	145
Flower vases - Marker setting fee	MOPE CEMETERY
Recording and filing fee	35 oc
Sales taxes	_ 6 or
alled has 0 6-11-	-8/- Total Due 606 00
weed will	sceipt number 33448 606 00
nichael Vucky	
martuary a Day	gatte g. Balance due
I hereby certify I am the X / Weight	Lev Plackson of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	Marcheley Warkmon
hold under dead.	(Stynator 21- 21. 1/24 54)
Mary Salen Dlackmon	COOC 1 1 9004
	13 13 12 12 20 Com
	Trilliphone
	W 10 70
E EOCO	Invoice #
Work Order # E 5963	Acct. #

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANANY...... CEMETERY 33448 **MOUNT HOPE CEMETERY** GOLDENROD AUDITOR 264-3161 Payment of Division NOT VALID FOR DITTO AUDITOD Grave DOSE STATED LINLERS STAMPED CREDIT 20% Sales Cars Invoice No. **80% Sales** 77184 Acct. No of Lots Unpaid Balance after this Payment Recording fees or misc, service fees On Acct Sains Tax TOTAL PAID

AC-212 (Rev. 8-85)

PERMIT FOR POSITION OF IMAN REMAIN

E5963

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

		OUT DOUGH THE MAKE ING MET	ENATIONS ON ENASONE	3		
NAME OF DECEDEN	er -		SEX	DATE OF BIRTH	DATE OF	DEATH
Charles	Been		Male	Dec. 25	,1909 June	7.1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY IOR S	TATE & NOT IN CALIFORNIAL		RESS OF SPOUSE OR C	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IN COL
Los Ang	eles	Los Angeles		Mary He	len Blackm	an-Niece
	SS OF FUNERAL DIRECTOR (OR PERSO	N ACTING AS SUCHI CAL	FORNIA LICENSE NUMBER		113TH ST.	
Harriso	a-Ross Mortuary	2	F872		eles, CA.	90044
_	TYPE OF I	PERMIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION		
A RUBIAL CIN	CLUDES ENTOMBMENT)	→ DISINTERMENT AND BUR	IAL TINCLINES	B DISINTERM	ENT AND REINTERMENT	OF CREMATED
G	DECOCO ENTONIONENT	ENTOMBMENT)	INC IIIICCODES	The state of the s	INCLUDES INURIMENT	OF CHEMATED
2. CREMATIO	N AND BURIAL IINCLUDES INURNMEN	(T) G DISINTERMENT, CREMATI	ON AND RURIAL	O 9 DISINTERM	ENT OF CREMATED REN	AAINS AND
		(INCLUDES INURNMENT)	ON. AND DOMME		N OTHER THAN IN A CI	
CEMETERY	N AND DISPOSITION OTHER THAN IN	7 DISINTERMENT, CREMATI	ON AND DISPOSITION	EOR	CORONER'S USE	ONLY
4 SCIENTIFIC	USE	OTHER THAN IN A CEME	☐ 10 DISPOSITION PENDING		CIRCY	
				La la biscosina	IN PERDING	
MATERIAL MENT	NAME AND ADDRESS OF CEMETER	Y WHERE REMAINS OR CREMATED REM	IAINS ARE TO BE INTERRE	D	COUNTY	
INTERMENT	Mt. Hope Cemete	ry3751 Market S	t. San Die	EO. CA.	San Die	go .
ÁDELLA TIOM	NAME AND ADDRESS OF CREMATOR	Y WHERE REMAINS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF F	PERSON IN CHARGE OF	CREMATORY
CREMATION	NH	-		>	XIA	
BURIAL AT SEA	ADDRESS, NEAREST POINT ON SHO	DRELINE, OR OTHER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND COUN	ITY OF DISPOSITION	
DISPOSITION OTHER	110					8
THAN IN A CEMETERY OF CREMATED REMAINS	NA					
SCIENTIFIC	NAME AND ADDRESS OF FACILITY	RECEIVING REMAINS			E 1	
USE	NH			80 T T T T T T T T T T T T T T T T T T T		
	This is to certify that I am the	person having the right to control	the disposition of the	SIGNATURE OF A	PPLICANT	
ACKNOWLEDGMENT	remains of the above named decedent under provisions of the Health and Safety Code,			// / /		
OF APPLICANT		t trespass and nuisance laws apply		DATE SIGNED		
	this permit gives no right of un	restricted access to property not own		825		and a
LOCAL	THIS PERMIT IS ISSUED IN ACCORDANCE OF THE CALIFORNIA HEALTH AND SAFETY		DATE PERMY IS 1986	SIGNATURE OF L	OCAL REGISTING ISSUE	NG PERMIT
REGISTRAR	AUTHORITY FOR THE DISPOSITION SPECIF		- ANN TT 1991	Mour	. I som	10
CERTIFICATION OF PERSON IN CHARGE	DISPOSITION WAS MADE ON	IN 1 1 1986 SIGNATURE OF	PERSON IN CHARGE OF D	ISPOSITION	LICENSE NUMBER OF DISPOSER, IF APPLICA	
OF DISPOSITION	DISPOSITION WAS MADE ON	(ENTER DATE)			DISPOSEN, IF AFFLICA	ole:
IF DISPOSITION IS	INDICATE ADDRESS OF REGISTRAR	OF COUNTY OF DEATH		92		
TO OCCUR IN ANOTHER COUNTY						
AND THEN COUNTY	125			3		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/86

You are hereby outhorized and instructed, sub	ject to your pules and re	egulations, to inter the re	emains
of Corena K	sell To	4-2:30-6/	10
Church, Chapel, Graveside Chulch	neral, date, time	2.00	ortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or		R
nd billed to undersigned. War time veteran	2/0		7
LOT Grave Bow	Section 7	Division/Block 7	2
W. 2 100	11000000000	250°#	700
Grave space & Cere Fund		- TT	-
Additional spaces and care fund		·····=	-0
Opening/Closing & Setup		مِک کم	10
Burial Container			20
Handling Fees		<u>/9</u>	(C)
Flower vases - Marker setting fee		=	-
Recording and filling fee		<u>.</u>	5.0
Sales taxes A. D.			6.00
IIIN Desay	Total Py	· /#	7
	oceipt number 🕹 🍣	485 85	62
MT. HOPE CEMETERY CITY of SAN DIEGO, CALIR	\	Balance due	9-
I hereby certify I am the		of the above named de	eceden
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	and lagree to hold Mt.	Hope Cemetery harmle	presen es fron
I hereby authorize the interment in lot I hold under deed.	Signature 483,	See Dla	wit
Signature of recorded hebiter of deed	Scare 364	5175	Zip Cor
Work Order # E 5964	Invoice #		
Work Order # 3304	Acct. #		_

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR SETAIN From July Lee Store	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 5483 Sent	Date: 6/9/8	33435 P6 P8 9211×
In Sull Payment of Grave	Terment feer for C	edrand B	Ol-See
Invoice No. Acct. No. W.O	NOT VALID FOR STATED UNLESS STAMPED "PAID" IN THIS SPACE UDITOR	### Control of Lots CREDIT	50 a 290 00 320 00
Pre-Need At Need On Acct C	ssue Legulton	Recording fees or 100 misc. service fees 77183 Spins Tax 90101 TOTAL PAID 6	180 00

E5964

PERMIT FOR SPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	т		SEX	DATE OF BIRTH	DATE OF DEATH
	ABREAMA BELL		Female.	July 31.	1948 June 4. 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH-COUNTY	IOR STATE IF NOT IN CALIFORNIA	NAME AND ADDRE	SS OF SPOUSE OR OTHER INFORMANT
Na.	tional City	San Diego			itz - Sister
NAME AND ADDRES	SS OF FUNERAL DIRECTOR ION PERSON A Anderson-Ragsdale Mor	CTING AS SUCHI	CALIFORNIA LICENSE NUMBER		Drive , CA 92114
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES C	OF DISPOSITION	
🖁 1 BURIAL (IN	ICLUDES ENTOMBMENTI	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES		T AND REINTERMENT OF CREMATED CLUDES INURNMENT)
	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CRE			T OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3. CREMATION CEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CRE	MATION, AND DISPOSITION DEMETERY	FOR C	ORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED 3751 Market St.:	REMAINS ARE TO BE INTERP	BED	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	WHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PER	SON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	LINE, OR OTHER DESCRIPTION :	SUFFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		. W	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that tr	dent under provisions of the	Health and Safety Code,	SIGNATURE OF APP	PEICANT
AFFEICANT	this permit gives no right of unrest	tricted access to property not	owned by me.		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CO. AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	77 JUN 9 198	36. Uma	MARISTON ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUNE DISPOSITION WAS MADE ON	1 0 1986 SIGNATUS	OF PERSONNIN CHARGO OF	DISPOSITION L	CENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	San Diego, CA	San Dieg	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-9-86

You are hereby authorized and instructed, subje	ct to your rules and regulations, to inter the remains
of margaret	Caral Telson
in a Dauble Stepth Fune	eral, date, time Tues 410 2:00
Church, Chapel, Graveside	: Pac. Beach Mortuery.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
1515	, 8
Lot 25/3 Grave Row	Section Division/Black
Grave space & Care Fund	49500
Additional spaces and care fund	
Opening/Closing & Setup	3200
()	Penta Churt 33000
Burial Container	22000
Handling Fees	J
Flower vases - Market setting fee	21-00
Recording and filing fee JUN 1.2	30 80
Sales taxes MT. HOPE CEMET	17
CITY of SAN DIEGO,	CALIF. Total Due
	eipt number 3345/ /5/980
-12 -04	Balance due - 0 -
	5517100 450
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization ar	remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	d interment.
I hereby authorize the interment in lot I	U.U. W.
hold under deed.	19571 DITMALLY.
Signature of recorded helder of deed	Address & B. A CA 97cAc
	Spring (7,4) 962 5023
	Tologhone
	Invoice #
Work Order # E 5965	Acct. #
PY-593 (REV. 8-85)	5.00.400(50

LOCAL 276-5160 BILL NELSON

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY Office PINKAUDITOR GOLDENROD RETAIN 264-3151 Division Gener Section HOT VALID FOR PURPORE STATED LINLESS STAMPED PAID IN THIS SPACE. Invoice No. 80% Sales of Lots Acct. No **Unpaid Balance** after this Payment On Acct Pre-Need Sales Ton TOTAL PAID AC-212 (Rev. 8-86)

POSITION OF H

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	CARCE MELSON			FINALE	DEC. 12	, 1913 DATE OF DEATH
PLACE OF DEATH-			H—COUNTY IOR ST	NTE IF NOT IN CALIFORNIA		DRESS OF SPOUSE OR OTHER INFORMANT
NAME AND ADDRES	S OF FUNERAL DIRECTOR ION	107, 74		ORNIA LICENSE NUMBER	SAN DIN	CO, CA 92110
	TYPE OF PERA	MIT, CHECK ON	LY ONE OF THE	OLLOWING TYPES O	F DISPOSITION	
I BURIAL (IN	CLUDES ENTOMBMENTI		ERMENT AND BURIA	L (INCLUDES		ENT AND REINTERMENT OF CREMATED INCLUDES INURINMENT)
2000 Section 1980	N AND BURIAL (INCLUDES INURNMENT)		ERMENT, CREMATIO DES INURNMENT)	N, AND BURIAL		IENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC	N AND DISPOSITION OTHER THAN IN A		ERMENT, CREMATIO THAN IN A CEMETI	N, AND DISPOSITION RY	FOR In DISPOSITI	CORONER'S USE ONLY ON PENDING
INTERMENT	NAME AND ADDRESS OF CEMETERY W			INS ARE TO BE INTERRI	FD	COUNTAIN DERGO
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS AF	RE TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER D	ESCRIPTION SUFFIC	ENT TO IDENTIFY FINAL	PLACE AND COU	NTY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest	dent under prov espass and nuise	isions of the Heal ance laws apply o	th and Safety Code, nd understand that	SIGNATURE OF . DATE SIGNED	APPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS	DE AND IS THE	DUNT DE FEE PAID	JUN 6 - 1986	SIGNAL COF	REPRAISSUM BAITME
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	1 0 1986	SIGNATURE OF F	ERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAIN DISPOSER. IF APPLICABLE
IF DISPOSITION IS TO DECUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEAT	THE			

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

MT. HOPE CEMETERY

INTERMENT ORDER City of San Diego to your rules and equilations, to inter the remains uneral, date, time Vault/Lines Church, Chanel, 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 Grave space & Care Fund MT. HOPE CEMETERS Additional spaces and care fund CITY & SAN DIEGO CATE Opening/Closing & Setup **Burial Container** Handling Fees . (.a Flower vases - Marker setting fee Recording and filing 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 Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Address ture of recorded holder of deed Invoice # E 5966 Work Order 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 33438

From Anid & Home Seven Aund Payment of Polyment of Anid	nel elevenand?	Date: Olo-C 20 Al Min Dollars (1) T.S. Van	71100	200
Los 1960 + 1963 Grave	RowSi	oction	Division Slock	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID RUPIES SPACE.	CREDIT 87007 20% Sales Care 77124		
Acet, No.	AUX AV	80% Selec 100 of Lots 77184		
w.o. E - 5 766	JUN I 2 1986	Openings 8 100 Service Charges 77181		
Unpeid Balance after this Payment	2 100	Buriel 100 Containers 77182		
The state of the s	306	Recording fees or 100 miss, service fees 77183	No. of the	Trans.
Pre-Need At Need On Acct	2 4	Sales Tex 9020		
AC-212 (New, 8-86)	ISSUED BY O . DAM	TOTAL PAID	7/1	00



P.O. BOX 1420 • ALPINE, CALIFORNIA 92001 • 445-4600

June 5, 1986

Ms. Barbara Lang 3751 Market Street San Diego, Calif. 92102

Re: Pre-Need Trust Account Lots 1962 and 1963, Division 10

Dear Ms. Lang;

Enclosed please find our check in the amount of \$711.00 to cover two (2) vaults for Robert E. and Ruby H. Bessette. Please return a receipt for our files and hold this amount in our trust account.

Sincerely,

R. E. Bessette

REB/ljh Enc.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/86

	2. 4. 30
You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
of Darie S. Del	elete /
ina Top leal #5	Funeral, date, time 6/10 - 9Am - Flux
Church, Chapel, Graveside Mass 9	
Account and the program of the progr	iviortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vetera	n <u>////0</u> .
1876	
Lot 1576 Grave Row	Section Division/
Grave space & Care Fund	need
	A Bul
Additional spaces and care fund	741 72000
Opening/Closing & Setup	520
Burial Container	1/3 =
Handling Fees	
Flower vases - Marker setting fee	//
A NORTH AND STREET OF THE OWNER OF THE STREET, AND A STREET	*5°C00
Recording and filing fee	1050
Sales taxes	11070
ITAID	Total Due
Pid Pid	receipt number 35 FTO 110.90
JUN 9	Balance due
MT. HOPE CEMETER	. J
horand Manual agesting and	of the above named decedent
that I have the right to make this authorizati	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	n and interment.
I hereby authorize the interment in lot I	X exp Yes leto
hold under deed.	3777 AAINES ST # 6
	Address 0 2 1 - C
Signature of recorded helder of deed	State 707 Zip Code
	Telephone a Control
	772-6846
Charles Control March	Invoice #
Work Order # E 5967	Acct.#
PY-593 (REV. 8-85)	ALL #

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENHOO RETAIN From Own Hamburg Payment of Payment of The Control of The	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Length Flex for	Date: 6/10/ Mouna Pho Dollars (8)	33440 /86 19 Hoppfela He 276 5 dec
	Invoice No. Acct. No. W.O. E 5967 Unpaid Balance	NOT VALID FOR PASPOSE STATED UNLESS STAMPED "PAID" IN THIS STATED UN 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lota 77184 Opanings & 100 Service Charges 77181	Division 10
•	Pre-Need At Need On Acct Ck Cash Ac-212 (Rev. 6-85)	ISSUED BY ROYEUSTANDS	Buriet 100 Containers 77182 Recording face or 100 mied service face 77183 Sales Tax 80101 TOTAL PAID 6	20500 1050 71050

PERMIT FOR SPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	APA BARTA	NEGTI DRIG	SEX	DATE OF BIRTH	DATE OF DEATH	
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY	FEMALE OR STATE IF NOT IN CALIFORNIA		SPOUSE OR OTHER INFORMANT	
SAN DIEGO		SAN DIEGO	4	CHARLES JACK		
PACIFIC BI	SS OF FUNERAL DIRECTOR JOR PERSON A EACH MORTUARY—SAN DIE		CALIFORNIA LICENSE NUMBER	3777 HAINES ST. #6 SAN DIEGO, CA 92109		
	TYPE OF PER	WIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	OF DISPOSITION		
1 8URIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8 DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED INURNMENT)	
FEE - CONTROL OF THE CONTROL	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CRE		9. DISINTERMENT OF C	REMATED REMAINS AND THAN IN A CEMETERY	
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10. DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W			UNITED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF DI	SPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under provisions of the espass and nuisance laws a	Health and Safety Code, pply and understand that	>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REA	TRAR ISSUING BRIMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	1 0 1986 SIGNATU	OMU T	DISPOSITION LICENSE DISPOSE	NUMBER OF CREMATED REMAINS R, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		p.	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-9-86

of course	Tare Wi	The same
in a YSUL Fu	neral, date, time	06/13 11:0
Church, Chapel, Graveside	- Kago	date Mortuer
All Funeral cars must arrive before 3:30 p.m.	of regular work day of an extr	a charge will be applie
nd billed to undersigned. War time veteran		
Lot 73 Grave 5 Row		12
Lot Grave Row	Section C Div	ision/ Black
Grave space & Care Fund	17-17-17-17-17-17-17-17-17-17-17-17-17-1	495
Additional spaces and care fund		
Opening/Closing & Setup		フッヘリ
Burial Container		
Handling Fees	******************	145
nandling rees	*******************	
Flower vases - Marker setting fee		200
Recording and filing fee		10
Sales taxes		11h
alled by	Total Due	101.
elled by paid in	eceipt number	447 201
agodale	8a	lance due 200
		0 50 10
I hereby certify I am the and this is your authority to make disposition		above named deceder d. I certify and represe
that I have the right to make this authorization any liability on account of said authorization	and lagree to hold Mt. Hope	
	Marka	4 Rlaha
I hereby authorize the interment in lot I hold under deed.	Siebnute C. C.	D Greeke
noid under deed.	259 HALL	peroct
Signeture of recorded holder of deed	3D Ca	92114
	4799	28/
	Totaphoria	MINISTER SA
	Invoice # 04	1412
Work Order # E 5968	017	764
WARE FRANCE TO THE WOOD OF	Acct. # _ U//	4

Down of 201° 200° guly 10 } 86 300° any 10 } 86 300° any 10

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY. CEMETERY 33655 MOUNT HOPE CEMETERY PINK AUDITOR GOLDSNADD RETAIN 264-3151 Division Grave. Section Invoice No. 0444/2 NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 20% Sales Care 80% Sales 77184 of Lore AUG 20 1996 Openings & Service Charges 77181 Unpaid Balance after this Payment 77182 Recording fees or 77183 Pre-Need On Acct 90101 Rales Tax TOTAL PAID AC-212 (Ray, 8-85)

OFFICIAL RECEIPT PROPERTY DEPARTMENT WHITE......TO CUSTOMER CANARY......CEMETERY 33634 MOUNT HOPE CEMETERY GOLDENROD RETAIN 284-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No. 80% Sales of Lots Openings & Service Charges Unpaid Salance after this Payment Buriel Containers Recording fees or 100 misc. service fees 77183 On Acct ISSUED BY . TOTAL PAID AC-212 (Rev. 8-85)

~	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK ALDITOR GOLDENBOD RETAIN	CITY OF SAN DIEGO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº ,	33449
	From Marylyn & Bla	the Address 259 Parkby	SD 9	1/86 .19
	In Part Payment of In (3 Payment Note)	Tumod ful for E	the Whyls	Division /)
**	Invoice No.	MOT VALID FOR THE SEASE STAMPED THE SPACE OF THE SEASE STAMPED	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Loss 77184	20/00
	Unpeid Balance after this Payment 900	1986	Openings & 100 Service Charges 77181 Buriel 100 Containers 77182 Recording less or 100 misc. service less 77183	=
	Pre-Need At Need On Acct C	Ses with	Seles Tex 8020 TOTAL PAID	20/00

PERMIT DISPOSITION OF HUNDREMAINS

£5968



		OUT DELICE HAN THANKE HO MELE	MATIONS ON ENTOUN	W-0	
NAME OF DECEDEN	ther Harle Wright		Femile	Jan. 7, 1920	June 6, 1986
PLACE OF DEATH—	CITY OR TOWN	PLACE OF DEATH—COUNTY (OR ST	ATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS O	F SPOUSE OR OTHER INFORMANT
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON A		ORNIA LICENSE NUMBER	San Diego, CA	92114
	TYPE OF PER	MIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	F DISPOSITION	
1: BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BURIL ENTOMBMENTI	AL (INCLLIDES	8 DISINTERMENT AND RÉMAINS (INCLUDE	D REINTERMENT OF CREMATED INURNMENT)
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMATIC (INCLUDES INURNMENT)	N, AND BURIAL		CREMATED REMAINS AND R THAN IN A CEMETERY
CEMETERY		7 DISINTERMENT, CREMATIC			NER'S USE ONLY
4. SCIENTIFIC	USE	3 112 113 113 3	3000	☐ 10 DISPOSITION PEND	DING
INTERMENT	NAME AND ADDRESS OF CEMETERY IN THE STATE OF COMMETTER STATE OF COMMET	WHERE REMAINS OR CREMATED REMA 751 Horkot Street:	Sen Diego, C	448 III	Son Diego
CREMATION	NAME AND ADDRESS OF CREMATORY I	WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	AUDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUFFIC	IENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS	*		
ACKNOWLEDGMENT OF APPLICANT	remains of the above named dec and I hereby adknowledge that t	erson having the right to control to adent under provisions of the Hea respass and nuisonce laws apply a stricted access to property not own	th and Safety Code, and understand that	SIGNATURE OF APPLICATE DATE SIGNED	NT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DIDE AND IS THE	JUN 1 1 1986		EGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	1 3 1986 SIGNATURE OF	PERSON IN CHARGE OF I		SE NUMBER OF CREMATED REMAIN: SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH		•	

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

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

PAID INVOICE REPORT BY DEPARTMENT AS DF 08/15/86

DATE: 08/15/86 TIME: 010649 PAGE: 6

DEPARTMENT 072

TOTAL AMOUNT PAID

PROPERTY DEPT-MT HOPE CEMETERY

300.00

60101

67007

NO	INV	NO	. CUSTOMER	NAME DEPT	ORG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	PAYM REF NO Q FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT	BILLED	UNPAID BALANCE
1	968	017764	MARILYN 100 100 100 100 60101 67007	072 072 072 072		77181 77182 77183 77184 9020 77184	0000 0000 0000	72	CA		300.00 106.67 33.33 60.00 65.00 2.00 33.00		900.06	600.00 PARTIAL PAYMENT
NUMBER	DF INVOI	CES PAIL		1				4.						

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS DF 08/21/86

PAGE:

2.00

33.00

DATE: 08/21/

TIME: 013302

DE PAR I	MEN 1 072	PR(DEEKTY DEP	I-MT HO	PE CEME	TERY	.57							
INV NO	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ûRG	ACCT	3/0	PAYM DATE DPER	BY BN/	PAYM REF NO EQ FACILI	UNT PAID	AMOUNT	BILLED	UNPAID BALANCE
044412	06/25/86	017764	MARILYN I 100 100 100 100	072 072 072 072 072		77181 77182 77183 77184	0 00 0 0 00 0 0 00 0	72 72	6 CA	€-5968	300.00 106.67 33.33 60.00 65.00		900.00	PARTIAL PAYME

56	E 5968	MARILYN L. BLAKE 100 072 100 072 100 072	77182 77183 77184	08/30/86 CK 447 900072 000072 000072 000072	106.67 33.33 60.00 65.00	900.00 PAID IN FULL
	<i>V</i> -	67007	9020 77184	+ 7.	2.00 33.00	

9020

77184

MT. HOPE CEMETERY

INTERMENT ORDER

2	MATERIAL ONDER	
12 . 2 1	City of San Diego	1 1
uniec	90-040	6-9-86
Ist don	Dat	6-7-86
You are hereby sutherized and	dinstructed, subject to your rules and re	gulations to interthe remains
of Rita	marshall	
//		
in 8 Vault/Liner	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m. of regular work day or a	n extra charge will be applied
and billed to undersigned. Wa	ir time veteran	
12 7	2	12
Lot Grave	Row Section	_ Division/ Block
Grave space & Care Fund	\sim	4950
200-2003-2004-01-01-02-03-03-03-03-03-03-03-03-03-03-03-03-03-		
Additional spaces and care fu		***********
Opening/Closing & Setup	hh	
Burial Container		····
Handling Fees		
Flower vases - Market setting	, fee	· M
Recording and fling fee	\\\\.\	P
Sales jaxes	1	······································
	A Ara) Due	4950
/ / //	Paid receipt number	. 7/
/ / /	Lang lease Configure 10	10
		Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to m	nake disposit on of remains as above incise authorization and I solve to hold Mt. I deuthorization and informant.	dicated. I certify and represent
any liability on account of sak	authoritation and interment.	7
	(1) (1)	, N° A
I hereby authorize the interme hold under deed.	ent in lot I' Signature	200 (1)
SPONDED PARKON I PARKONA	1 And V	dr V
Signature of recorded holder of deed	Shu 1	Zip Code
	Tellehone	1 10
	1 X M	1//
	hvoice/	LX
Work Order # E 5969	Auct	
PY-593 (REV. 8-86)		W. Commission of the Commissio

\$ 45.00 E 5969 \\
\$ down \\
\$ 150 for 3 \(mo \).

25

Lot 5 .495-00 E5969 2 0/c 320-640 00 Dole Crypt - 669.80 (2) 1-c - 10 00 # 1874.80 495 45 down 450 - 3 = 4150 PNT=\$1379.80

VA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-86

You are hereby authorized and instructed, su	ubject to your rules and regulations, to	inter the remains
Que l'	willy goer	11/2 11:00
in aF Church, Chapel, Graveside	uneral, date, time	Le Mortuary
All Funeral cars must arrive before 3:30 p.m	of regular work day of an extra cha	
and billed to undersigned. War time veteran	*** POS 201 (1) (1) A DESCRIPTION OF THE PROPERTY OF THE PROPE	
200	SectionDivision/	Block/_
Grave space & Care Fund		59500
Additional spaces and care fund		
Opening/Closing & Setup		32000
Burial Container		/00
Handling Fees		14500
Flower vases - Marker setting fee	· · · · · · · · · · · · · · · · · · ·	
Recording and filing fee		3500
Sales taxes		600
	Total Dua	120100
Paid	receipt number 33465	200.00
11/9	Balance	\$1.5 5.11 S
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I ce on and lagree to hold Mt. Hope Ceme	e named decedent rtify and represent tery harmless from
I hereby authorize the interment in lot I	Xario PC	uren
Signature of recorded holder of deed	Address AN DIPYD (State 264 716 Taleshone	1054 ST CA 93113
Work Order # E 5970	Invoice # 0444 Acct. # 01776	113

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENBOO RETAIN

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

Nº 33560

From Lessie P. Clary	tt Address: 5037 Pul	Dete: 7-/6	10000	20
In Out Peyment of Str	one and regio	Dollars	1001°	0
Lot 13 Grave	/ Row 1	Section /	Division Block:	11
Acet. No. 017765	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREOTT 6700: 20% Sales Care 7719 80% Sales 10 of Lois 7718	Contract of the last of the la	
W.O. F-5970 Unpaid Balance after this Payment	1916	Openings & 10 Service Charges 7718 Buriel 10 Containors 7718	THE RESERVE	
Pre-Need At Need On Acct		Recording fees or 10 misc. service fees 7718:		
Ck Cash C	ISSUED BY C. Alng	Solen Tax 6000	1001	00

E5970

CITY TREASURER SAN DIEGO, CALIFORNIA

5619307/25/56 1001.00 INVS 87/25/56 5619 3 ID01.00+ CH 07/25/66 5619 3 500 8A

	OFFICIAL RECEIPT WANTE TO CUSTOMER CAMARY CEMETERY PRO AUDITOR OOLDENROD RETAIN	CITY OF SAN DIEGO, CAUPORINA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	Nº	33465
	From: Assis & Svery	+ AMIN 5022 PE/	Date: E/17/	92113
	in Usposit Payment of La	terment vara fole	Dollars (0.	t-dec
•	Lot 122 Grave	MOT VALID FOR STATED UNLESS STAMPED JUN 20 306	ection/	Division //
	Invoice No.	NOT VALID FOR THE SPACE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184 _	2 5
	Acct. No.	JUAN SUDITOR	80% Sales 100 of Lots 77184	200 00
	WO. E-5970	20 100	Openings & 100 Service Cherges 77181	
	Unpaid Salance after this Payment	~	Buriel 100 Containers 279.82	
	Control Management (1971)		Reserving toos or 100 mins. pervise fees 77183	7/12/12
	Pre-Need At Need A On Acct	711	Sales Yes 8030	+
	AC-212 Part 2-40)	HOURO BY TOOK BARRO	TOTAL PAID 5	200 00

PERMIT FOR OSITION OF H

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	r.	THE TENEDON TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE S	SEX	DATE OF BIRTH	DATE OF DEATH
9.	JOHN WESLE	Y EVERETT	Male	April 21,	1921 June 9, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIA	NAME AND ADD	RESS OF SPOUSE OR OTHER INFORMANT
	San Diego	San Die	99	Jessie P.	Everett - Wife
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON AC	TING AS SUCH)	CALIFORNIA LICENSE NUMBER	The state of the s	sa Street
Ande	erson-Ragsdale Mortuar	Y	1329	San Diego	, California 92113
	TYPE OF PERM	IT, CHECK ONLY ONE OF	THE FOLLOWING TYPES C	F DISPOSITION	
1. BURIAL IIN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8 DISINTERME REMAINS (IF	NT AND REINTERMENT OF CREMATED NCLUDES INURNIMENT!
	N AND BURIAL (INCLUDES INURNMENT)	B. DISINTERMENT, CREM (INCLUDES INURNME		9. DISINTERME DISPOSITION	NT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY
3. CREMATION CEMETERY 4. SCIENTIFIC		7 DISINTERMENT, CREN OTHER THAN IN A C	MATION, AND DISPOSITION EMETERY	FOR	CORONER'S USE ONLY N PENDING
INTERMENT		3751 Market St.;	San Diego, Cal	Tillian are the pro-	Sen Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WI	HERE REMAINS ARE TO BE CREM	MATED DATE CREMATED	SIGNATURE OF P	ERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	NE, OR OTHER DESCRIPTION S	UFFICIENT TO IDENTIFY FINA	L PLACE AND COUN	TY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named decea	lent under provisions of the	Health and Safety Code,	SIGNATURE OF A	PPLICANT
APPLICANT	and I hereby acknowledge that tre this permit gives no right of unrestr			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CODI AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	JUN 12 198	SIGNATUROS EC	CAMPBESTON ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON IEN	1 6 1986 SIGNATURE	OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF C	OUNTY OF DEATH	9.4		

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

044413	06/25/86 017765	JESSIE P. EVERETT 100 072 100 072	77181 77182	07/18/85 CA 000072 000072	166643	1.001.00 320.00 100.00 180.00	
	E5970	100 072 100 072 60101 67007	77183 77184 9020 77184	000072 000072		6.00 119.00	

1.00 DATE IN SULL

PAID IN FOLL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-10-86

of	ct to your rules and regulations, to	
in a Sell Fund	eral, date, time Wed 9	11 11:00
Church, Chapel, Graveside	Ragada	La_ Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra cha	rge will be applied
and billed to undersigned. War time veteran _		
1211 2	1	12
Lot AT Grave Row	Section Division.	Block / 2
		49500
Grave space & Care Fund		
Additional spaces and care fund	/ CX	22000
Opening/Closing & Setup	() XO	1000
Burial Container	<u> </u>	100
Handling Fees		145
Flower vases - Marker setting fee	N	
Recording and filing fee	σ	3500
	O	600
	• · · · · · · · · · · · · · · · · · · ·	110100
reditors Claim	Total Due	/
Paid rece	sipt number	
	Balance	due
I hereby certify I am the	-41h1	e named decedent
and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization an	remains as above indicated. I ce nd I agree to hold Mt. Hope Ceme	ertify and represent
I hereby authorize the interment in lot I hold under deed.	Kolein De	ste sold
Signature of recorded holder of deed	334-096 Telephone	9210181 O Bo Code
Work Order # E 5971	Invoice # 0440	183
Work Order # U U U L	Acct. #	Park (

Robin Dean- esqui · 701 B St Sw-800 S.D. 92101 234-0960 Re: Ruth Thounton

Ragodale nea Basham Alberta Basham 1711 I mean Wed- 11 Am B chapel P atty. Robin D. Phone# Dean 2240960 Imp-Bk Power 191 B St Sw. Sw. 8199 Suite 800 \$2101

124-3 or 124-11

PERMIT FOR POSITION OF H USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES NAME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH FORMER BUTH SMALTMETTHORNTON Form le PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego Helen Sedberry - Niece San Diego NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA LICENSE NUMBER 4022 Louise Street Anderson-Ragsdale Hortuary 1329 Lynwood, California TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION 1 BURIAL (INCLUDES ENTOMBMENT) ☐ 5 DISINTERMENT AND BURIAL UNCLUDES ■ 8. DISINTERMENT AND REINTERMENT OF CREMATED ENTOMBMENT) REMAINS IINCLUDES INURNMENT) 2 CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6 DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE □ 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT 3751 Market St.; San Diego, California San Diego NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY DATE CREMATED CREMATION N/A BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION OR DISPOSITION OTHER THAN IN A CEMETERY N/A OF CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC N/A USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code, OF and I hereby acknowledge that trespass and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not awned by me. AMOUNT OF FEE PAID DATE PERMIT ISSUED SIGNAPURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SONAN CHARGE OF DISPOSITION DISPOSITION WAS MADE ON LICENSE NUMBER OF CREMATED REMAINS CERTIFICATION DISPOSER, IF APPLICABLE OF PERSON IN CHARGE JENTER DATE OF DISPOSITION

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

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

.

INTER	MENT ORDER	
reneed lot "	by of San Ojego	11 .6
Lar Cre	Date July	10,190
You are hereby authorized and instructed s	ubject to your rules and regulations, to i	nter the rema
1	Funeral, date, time	
	A TWANTE CONTRACTOR OF THE CON	Mortua
All Funeral cars must arrive before 3:30 p.r	n. of regular work day or an extra charg	je will be appl
and billed to undersigned. War time vetera	n	
Lot 156 Grave 8 Row	Section Division/8	Hock /
Grave space & Care Fund		495
Additional spaces and care fund	The state of the s	
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
_	Total Due	495
, / . Paid	receipt number 33522/	30.
4186		44 5
// 9 -	a maiance de	10 / 422
2 Popul	Balance de	Cover
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	of the above	named deced ify and repres
and this is your authority to make disposition	of the above	named deced ify and repres
and this is your authority to make disposition that I have the right to make this authorizati	of the above	named deced ify and repres
and this is your authority to make disposition that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I	of the above on a fermains as above indicated. I cert on and i agree to hold Mt. Hope Cemete or and interment. Many Lie	named deced ify and repres
and this is your authority to make disposition that I have the right to make this authorization lie bility on account of said authorization. I hereby authorize the interment in lot I hold under deed.	of the above on a fermains as above indicated. I cert on and i agree to hold Mt. Hope Cemete or and interment. Many Lie	named deced ify and repres
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	of the above on a fermains as above indicated. I cert on and i agree to hold Mt. Hope Cemete or and interment. Many Lie	named decede ify and repres ry harmless fr

24500 7-8-87 34791 20 00 22500 08-05-87. 34885 20.00 20500 9-8-87 35006 2000 18500 2000 35/12 10-687 11-6-87 35259 2000 12-9-87 35398 125.00 1-7-88 20.00 35526 105,00

NAME Fran	ks, Mary		ACCT. NO.	E-5972
ADDRESS 42	7 Encinitas Ave., San Diego, Ca 92114	RATING	LIMIT	
DATE	ITEMS	DEBIT	V CREDIT	BALANCE
Jul 10 86	Lot 156, Gr 8, Sec 1, Div 12	495 00	390 00	105 00
88	Coupon 19 Receipt 35671		2000	8500
25 88	Variagen# 20, Feeligt 35830		2000	630
-5 88	laupon 22 Besent 36/17		3022	2500
-7 88	Caugen 23, Resent 36263	2	2000	52
7-6 XX	Cougen 24 Receipt 36380)	500	
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202				
78.				
AIGNER FORM NO.	25-204 Franks, Mary 156 - 8	-1-12		PRINTED IN USA

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY AINK AUDITOR GOLDENROD RETAIN From: Daw Frank	CITY OF SAN DIEGO, CAUFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº /7/7	33522 /PL 19
	Thirty as my or		Dollars (8)	3000
	In Deliant Payment of	dent on Orelat Sale	Online	
	Lot 156 Greve	8 Row s	ection /	Division /2
The state of	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 20% Seles Care 77184	
	Acct. No.	SUI AUDITO 1986 "	60% Sales 77184	30 00
	wo E 5972	JUL 09 1986	Openings & 100 Service Charges 77181	
5.0	Unipeid Balance 46500 after this Payment	09 1900	Suriel 100 Contelners 77162	
+			Recording fees or 100 misc, service fees 77183	E Carton
del	Pre-Need At Need On Acct A	Some Hard	Sales Tax 80101	
Sand	AC-212 (Box 8-86)	ISSUED OF COLUMN SIDE	TOTAL PAID	30 00

OFFICIAL RECEIPT CITY OF SAN DIEGO, CAUPORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33609 MOUNT HOPE CEMETERY GOLDENADO RETAIN 264-3151 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No. BOTS Sales Acct. No Openings & Service Charge Unpoid Balance after this Payment Recording loss or raise, service loss On Acct TOTAL PAID AC-212 (Rev. 0-05)

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OFFICIAL RECEIPT WANTE TO CUSTOMASS CANADATY CEMETERY AUDITOR GOLDENBOO METAIN From: AUDITOR CONTROL METAIN	CITY OF SAN DIEGO: CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	Nº 33712 Dete: 09-08 1886
In 11st Payment of Crew	gry franks	Section 1 Division 12
Acct. No	SEP 10 1986 1986	CHRIDIT 20% Bales Care 77184 20 20 100 at Loss 2100 20 100
Pre-Need At Need On Acct C	B. Kang	Necessing face or 100 misc. service face 77183 Selec Tox 8020 TOTAL PAID 6 000

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OFFICIAL RECEIPT CITY OF BAN DIRECT CALIFORNIA PROPERTY DEPARTMENT CANARY..... TO CURTOMER CANARY..... CEMETERY 33802 MOUNT HOPE CEMETERY GOLDENROD AUDITOR 264-3161 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED "FAID" IN THIS SPACE. Invoice No. BO% Sales 77184 Acct. No CITY AUDITO! Unpeld Salance OCT 1 0 1986 after this Payment On Acct TOTAL PAID AC-212 (Nov. 8-96)

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OFFICIAL RECEIPT

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	WHITE TO CUSTO CANARY CEMET
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CITY OF SAN DRESO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

From Hancy D. Semue	MADDIONE 427 Encinit	Date: 4	-17 Ca	9211	10.86
inputty and recommend of the	dit lot fale	An	ollara (\$ _	200	<u> </u>
LOT 156 Grave 8	RowSec	tion_/	160	Division	12
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CITY AUDITOR NOV 18 1986	CREDIT 20% Sales Care 20% Sales of Lots Opening/ Closing Surter Containere Handling Fee Rescording & Julios: Fees Pre-Need Trust Sales Tox	67007 77184 190 77184 100 77181 100 77182 100 77183 100 77183 100 77183 8003 8002 86003	20	00
AC-212 (Rev. 11-60)	ISSUED BY L'AMA	TOTAL PAID		20	00

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OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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OFFICIAL RECEIPT WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR From: Male D. Almie	CITY OF SAN DIEGO, CALIFORNIA PROPRIETY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Date: 01	Nº 1-07	34070
In part Payment of A	no/100	7	Divi	ision 12
Invoice No	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Cars 50% Sales of Lots Opening/ Closing Surial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77182	20 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Nev. 11-86)	ISSUED BY DINANG	Precording a Mine. From Prysidend Trust Sales Tex	100 77185 60033 8022 90101 78390	2000

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· OFFICIAL RECEIPT

WHITE TO CUSTOMER DANAERY CREMETERY PINK AUDITOR

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

PINKALIDITOR	284-3151	1000		
		Date: Oa	2-10	19 87
From Hanes Umps	MAddress: 427 Antu	retas,	Maga	114
Twenty and	nopro	Do	Illers (\$ 20°	-
In Payment of P	unua car ju	1110	The Tha	nk
Lot 156 Grave	8s	ection /	Division Black	12
Invoice No	NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	100
Acot. No. F 697'1		of Lots Opening/ Classing	77184 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	00
W.O. ES BALANCE DUE #385		Burial Containers	77182 100	
THE REAL PROPERTY.		Hending Fee Recording & Misc. Fees	77183	
Pre-Need Lot At Need On Acct O	04	Pro-Head Trust Seles Tax	63033 9022 60101 78380	
AC-212 (Rev. 11-46)	IBBUED BY DOME	TOTAL PAID	20	57

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OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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AG-212 (Rev. 11-66)	ISSUED BY	TOTAL PAID	~ ~ 60

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WHITE TO CUSTOMES
WHITE TO CUSTOMER CAMARY CEMETERY MINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

AUDI AUDI	MOUNT HOPE CEMETERY			
From Ilande D. S	limison 427 Engine	Date: 04	1-08 Ca 9=11	19/
present g and	notion Tet day	77777	Hars (\$ 200	D)
Payment of	quencea em go	11111	Division	12
Invoice No. Acct, No. W.O. E. 5972	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing durier Containers	87007 771984 100 77184 200 77181 100 77181	00
Pre-Need Lot D At Need D On At Pre-need Trust D Cash D Check	ISSUED BY BALLY	Handling Fee Recording & Misc. Fees Pre-Nand Trust Salee Taxt	100 77165 100 77163 80033 9022 80101 78300	100

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CITY OF SAN DIEGO, CALIFORNIA

CANARY CRAFTERY PINK AUDITOR	MOUNT HOPE CEMETERY		
Mary Frank	Address: 427 Green	to The S	45/19
Truckt dal	acy 11 11	Dollars (\$	20-,
In Payment of CAL	Met dat Janes	Coupe #1	
Lot Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE.	CREDIT 57007	Division / 2
· Acct. No. 4 - 5975		of Lots 77184 — Opening/ 100 Cleaning 77181 —	20 -
BALANCE DUE 225,00	N SHALLAND	Burlet 100 Containent 77162 — 100 Hending Fee 77153 — Recording & 100	OF FOLKER
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	~/ (6)	Recording 6 100 kiloc. Feath 77183 — 170 60323 — 170 6032 — 170 60	S 20 00
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Nº 34885



WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 264-3151

From: Nancy S			Date:	8-3	7	1087
0-Tu	Jenty I	Solars Coupon	# 13	olfars (\$	20.00	
Lot	E-5	972	ection	1993	Division Block	
Acct. No. W.O. E - 5572 BALANCE DUE		NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Soles Core 20% Soles of Lots Opening/ Closing Buriel Containers Handling Fee	87007 77184 — 1000 77184 — 1000 77182 — 1000 77182 —	20	00
Pre-Need Lot At Need Pre-need Trust Cash	□ Check 🎮	ISSUED BY	Pecording & Mileo. Foes Pre-Need Trust Sales Tax	100 77183 — 60038 9022 — 80101 78360 —	20	9

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK	AUDITOR	264-3151	IERT	
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-tw 1th	dellars	11/5	1111111	Dollars (\$ 20.00
InPay	ment of Concord	N = 10	CACH JON	
LOT_1-6	Grave_8	- Row_	Section/	Division /2
Acct. No. E - S 9 BALANCE DUE 16	72-	POR PURPOSE STATED UNLESS THIS SPACE	80% Seige of Lots Opening/ Closing/ Bursel Containors Handling Fee Recording & Misc. Fee	100 77181 100 77181 100 77182 100 77183
Pre-Need Lot At Need Pre-need Trust Cash AC-012 (New, 11-66)	On Acct Check De Issued &	Lond, Wa	Pre-Naed Trust Sales Tax TOTAL PAID	80035 8002 80101 78390

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WHITE TO GUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT MODE CEMETERY

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PINKAUDITOR	204-3151				
From Monor Simon	Address: 427 Encial	Date:	1.9.0	G. 92)	1987
Junty Pollers —	let date Let Commo	× 16	oliars (\$ _	20.00)
Lot 156 Grave	8 Row	Section		Division	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales	67007 77184	20	oe
Acct. No		of Lote Opening/ Closing Burist	1000 77181 ——		
BALANCE DUE 145.00		Containers Handling Fee Reporting & Misc. Fees	77182		
Pre-Need Lot At Need On Acct O	to the same	Misq. Fees Pro-Need Trust Seine Yea	77183 — 63023 — 60101 — 76560 — —	-	
AC-212 (Rev. 11-86) 43.04	ISSUED BY BRUCE Mousin	TOTAL PAID	78300	20	00

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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- Common of the	WHITE	TO CUSTOMER
	PINK	AUDITO
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PINKAUDITOR	264-3151		1-7	98
From Mence, Jengs	UTZ Address: 427 Zuni	pate:	SD CH	95/19
Lieste da	as 00/100		ollars (\$ 20 . C	101
Irr Payment of	uga 18 en	det de	7	
Lot: 156 Grave	8 Row	Section	/ Division	12
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 	 -
Acct. No. E-5972	CITY AUDITOR	of Lots Opening/ Closing	100 77181	
BALANCE DUE 105.00	JAN 13 1988	Surial Containers Handling Fee	100 77182 ————————————————————————————————————	
Pre-Need Lot At Need On Acct		Miss Fees Pro-Need Tyles	77183 ————————————————————————————————————	
Pre-need Trust Cash Check XI AC-212 (Rev. 10-27) 436	ISSUEDE SENDER U	AL PAID	* 20	1-

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100	E RESS			An	nount 1	TOLGIVE	0 \$		214		

WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR

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

From: Maray Sema	284-3151 100 Address: 4257 Exc	pater 2-2	8 57°-88
In: Payment of Law	Pars nellos-	Josepharo (20.00
Invoice No	ROW_Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 20% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Buriel 100 Containers 77182 Handling Fee 77185 Recogding 4 100	Division / 2 Block / 2 /4 JO CITY AUBITOR FEB 10 988
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	Issued or Landers War	May Fees 77183 - 77183	2000

nu	4	27	En	rai els	ks		AW	59		2	7
	5			ego nd D	DIV=			114 ed B			
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Amou	nt due due da	t paid	moret	th han_	da	iys)	\$	_	1.	00	
	E			An	Nount i	Receivi	s s		* 		
NAM	RESS										

OFFICIAL RECEIPT WHITE TO CUSTOMER CANADAY CENTERY AND TO PRINK AND T	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY		Nº 35830
From: Manay Ver	1 284-3181 JANGUINSS: 427 E	Den 3	-8 m 38
· Iri Payment of Upic	120 H	alt det	
Involce No.	NOT VALID FOR PURPOSE STATED LINLESS STAMPED PAID IN THIS SPACE.	CREDIT 6704	Division / 2
· Acct. No. E-5972	CITY AUBITOR	of Lots 771 Opening/ 1 Closing 771	84
BALANCE DUE 65.00	MAR 11 1988	Containers 7718	80 80 80
Pre-Need Lot A At Need On Acct Pre-need Trust Cash Check	Issued by textual la	Sales Tax 601783	33 22 01

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ACC	COUNT	No.		Fee			E	59	76	2	1
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4DD											

AC-212 (Rev. 10-87)

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151				28
From: Mary Find	Address: 427 Ence	Date:	Que	5/5/	200
To the Sull	up 110/100-	cate!	ollars (\$	20.00	0,
Lot 156 Grave_	8 Row Se	ection		ivision /	2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Cars 60% Sales	67007 77184	20	00
W.O. E-5972	CITY AUDITOR	of Lots Opening/ Closing Burini Containers	77184 100 77181 100 77182		
Pre-Need Lot At Need D On Acct	APR 8 1988	Handling Fee Recording & Miss-Free Pro-Need	77165 ————————————————————————————————————		
Pre-need Trust Gash Gheck	Issues or Andre Cal	Total PAID	9022 60101 78390	21	00

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SEP	OCT					MAR					AUG
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CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY		
1. F	TRANCO	Date: 12-9	0 10
From: 4 hoursino	DOK JAGGERS 437 YOUCHU	asave si	4.92114
suretural was) E 00/100	Dollars	20.00
in past Payment of Co	idit sales lot coup	12#17	THE RESERVE
Jan Maritara	IED		
156 Grave	8 Row St	action /	Division 18
Invoice No.	NOT VALID FOR PURPOGE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Suice Cure 77184	
Acct. No.		80% Suize 100 of Lots 77184	3000
W.O. E-5978		Opening/ 100 Oldeling 77181 Buriel 100	7
BALANCE DUE 165.00		Contisiners 77182	DAILE VIEW BASE
	10000000000000000000000000000000000000	Handling Fee 77183 Rasording & 100 Miss. Fees 77183	Carl Laure 1999
Pre-Need Lot At Need On Acct		Pre-Need 63033 Trust 6022	the state of the s
Pre-need Trust Cash Check	Lun Klarp	Sales Tex 60101 78360	63 13
AC-212 (Nev. 11-86) 122	ISSUED BY / TOTAL DUCC	TOTAL PAID \$	2010

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Amount due when paid on, or before,	AG		427	*	Fra	nk ni	s tas	EL	ve.		2	
OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP Amount due when paid on, or before, due date above.		#	Mon	th ar	ed Da	v Du	e In	dicat	ed B	elow		
oue date above.	OCT	NOV										SEP
Amount due if paid more thandays	due da	ite abo	ve.	36	h			> 5	2			
								\$		-		
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Amount Received \$NAME												
Amount Received \$NAME ADDRESS	ADD	RESS	V.									

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		Mon	th a	nd Da	y Di	e in	dicat	ed B	elow	3	
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lue da	nt due ate abo int due due da	ve.	L	han_		nys	\$ \$	_	1.	.00	
NAM	E AESS	14		Arr	nount f	Receive	\$ d \$				
ADD											

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY GEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY	Nº 36380
From Mary Frank	284-3151 Congress: 420 Exercis	7-6 88
Bird dalla	ugen 24 Culit	Dollars (5.00)
Lot 156 Grave	Section Section CALOR CALOR CALORS	Division / 2
Acct. No. E - 5972	JUL 13 1988 Open Closic	bilan Care 77184
BALANCE DUE	Mac.	Iners 77182 100 ling Fee 77185 ding & 100 Fees 77183
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Check		Fax 80101 7830
		A CONTRACTOR OF THE PARTY OF TH

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DEC	JAN	FEB	MAK	APK	MAY	JUN	X JUL	AUG	SEP	OCT	NOV
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NAM											
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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-11-86

of Frank G.	subject to your rules and regulations, to inter the remain Sa Bruslav Funeral, date, time Frid 9/13 10:14
Church, Chappel, Graveside	Funeral, date, time FN 9/13 10:2
	m. of regular work day or an extra charge will be applie
and billed to undersigned. War time veters	
<i>@</i> \\	2 7
Lot 80 Grave Row	Section Division/Block
Grave space & Care Fund	Prence
Additional spaces and care fund	
Opening/Closing & Setup	3200
Burial Container Double	Crypt 330
Handling Fees	320
lower vases - Marker setting fee	se trees (2) 100 3
Recording and filing led	35
PAID	19.
	Total Due 1/34:80,4074
JUN 13	receipt number 33487 //24.8
MT. HOPE CEMETERY	Balance due
CITY of SAN DIEGO, CALIF.	Dalpine due
hereby certify I am the	of the above named decede on of remains as above indicated. I certify and represe
that I have the right to make this authorizat any liability on account of said authorization	ion and lagree to hold Mt. Hope Cemetery harmless fro
on, moonly on account of sales control account	Not P.D Char
hereby authorize the interment in lot l	Signature
and and soot	Address
Signature of recorded holder of deed	Summe Zip C.
	Telephone
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Invoice #
Work Order # E 5973	

Trapicana for Lot 80 - 1 - 2 - 7 Double Delight for Rose Quinn 79 - 10 - 2 - 7

MT. HOPE CEMETERY INTERMI	ENT ORDER June 11, 1986
You are hereby authorized and instructed, subject to you	our rules and regulations, to inter theremains of
in Grave Lot 807 Lawn	Section2, Division?
Niche	
Crypt	
Relation to OwnerNotation	
I/we hereby certify that I am/we are the	of the above-named decedent and this is your authority to make hereby certify and represent that I/we have the right to make this authorization. Itability on account of said authorization and interment. Relative's Name Dolma Sabtola (wife Address 1957 Hotnblens Saw Die as - CA - 92109
1	
(Grave, Crypt or Niche Owner must sign here if not a relative)	

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33457 MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3161 Division HOT VALID FOR PURPOSE STATES COSE STAMPED ** Invoice No. SCOL Sales Acct. No. of Loss **Unpaid Balance** Surint after this Payment On Acct TOTAL PAID

PERMIT FOR DESITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

PRANK JOS	EPH LABRIOLA	76 TERESTO (1970)	SEX MALE	NOV. 9, 1919	JUNE 10, 1986		
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY SAN DIEGO	IOR STATE IF NOT IN CALIFORNI.	NAME AND ADDRESS OF SELF PRE-NEED	SPOUSE OR OTHER INFORMANT		
PACIFIC B	SS OF FUNERAL DIRECTOR AND PROSPECT	55° STUCH 30, CÅ 92109	CALIFORNIA LICENSE NUMBER 815				
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	OF DISPOSITION			
1 BURIAL (IN	CLUDES ENTOMBMENTI	5 DISINTERMENT AND	BURIAL (INCLUDES	8 DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED INURNMENT)		
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	G DISINTERMENT, CRI			REMATED REMAINS AND THAN IN A CEMETERY		
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CRI	EMATION, AND DISPOSITION CEMETERY	FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			
INTERMENT	MT. HOPE CEMETERY W			P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	AN DIRGO		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION DTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF DIS	SPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under provisions of the espass and nuisance laws	<u> </u>				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE		SIGNATURE OF LOCAL REG	SISTEM ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED UNDISPOSITION WAS MADE ON	1 3 1986 SIGNATO	RE OF PERSON IN CHARGE OF	BISPOSITION LICENSE DISPOSE	NUMBER OF CREMATED REMAIN: R. IF APPLICABLE		
IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF		0				

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-11-86

Noward Y	mesley 1	
na Zelle Fu	neral, date, times 1000 /14	15
huch, Chaper, Graveside Julie	ede Conrad Mo	rtu
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be a	ppl
billed to undersigned. War time veteran .		
14/62	/	8
ot 1735 GraveRow	Section Division/Block	2
0000 1 to 100 to 2 to 2 to 2 to 2 to 2 to 2 to 3 to 3	From	00
Grave space & Care Fund	0.4.4.30	7
Additional spaces and care funit att	Vocarime 30	2
pening/Closing & Setup	52	2
urial Container	100	2
	1001 144	_
landling FeesJUN-1:2	1984	
lower vases - Marker setting fee MT. HOPE CE	VETERNA 2	-
secording and filing fee CITY of SAN DIE		-
ales taxes		2,
	Total Due	6
se Conrad	22(57) 1/2/2	0
2-86	ceipt number 33730 QQ	1
7-61	334 Balance due	9
Cop Hanget	S Thenland	5-
nd this is your authority to make disposition	of the above named de of remains as above indicated. I certify and rep	
hat I have the right to make this authorization	and lagree to hold Mt. Hope Cemetery harmles	ss fr
ny liability on account of said authorization a	no interment.	4
hereby authorize the interment in lot I	Mincent E. Arest	es
old under deed.	Signatura Della Palla D	7
	Address	
gnature of recorded holder of dead	Sunt De State	Zip
	Cally gas	34
	619-473-4712	
THE PROPERTY OF THE PARTY OF TH	Invoice #	
Nork Order # E 5974	7005-706 F100X	
Y-563 (REV. 8-86)	Acct. #	_

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR
GOLDENHOD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 011119N2

33450

From: Mitrue allum	12041 Trees	Date: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10 1
In 184 Payment of S	Abord the les	Dollars (6.	6600
Lot 1453 Grave	O Row S	ection	Division /
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184_ 80% Sales 100	
W.O. E -5974	JUN 26 1986 986	80% Sales 100 of Lots 77184	320 M
Unpaid Balance after this Peyment 2262	*	Surial 100 Containers 77182 Reporting fees or 100 miles, pervice less 77183	160 0
Pre-Need At Need On Acct C		Sales Tax 9020	271
AC-212 (Nov. 8-86)	ISSUED BY TO AM 9	TOTAL PAID	6400

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 284-3151 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No. **BOYL Sales** Acct. No. of Lots Unpaid Balance Burial after this Payment On Acct Pre-Need TOTAL PAID AC-212 (Rev. 8-88)

PERMIT FOR I OSITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

HOWARD VI	INCENT PRESLEY		Male	Ang. 15, 19	DATE OF DEATH 1986		
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY OF	OR STATE IF NOT IN CALIFORNIA	Patricia A.	OF SPOUSE OR OTHER INFORMANT		
	S OF FUNERAL DIRECTOR FOR PERSON AC	CTING AS SUCH!	CALIFORNIA LICENSE NUMBER P 941	9235 Clearle Lakeside, C			
	TYPE OF PERA	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES C	OF DISPOSITION			
1 BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND I	BURIAL (INCLUDES		NO REINTERMENT OF CREMATED		
R.	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREM		9 DISINTERMENT C	DE CREMATED REMAINS AND HER THAN IN A CEMETERY		
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREM OTHER THAN IN A CI	ATION, AND DISPOSITION METERY	FOR CORONER'S USE ONLY 10. DISPOSITION PENDING			
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED	REMAINS ARE TO BE INTERP	RED	COUNTY Sam Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY W		ATED DATE CREMATED	SIGNATURE OF PERSO	ON IN CHARGE OF CREMATORY		
BURIAL AT SEA GR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SE	UFFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY O	F DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under provisions of the espass and nuisance laws ap	Health and Safety Code, ply and understand that	SIGNATURE OF APPLICANT DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	JUN 1 2 198	SIGNATURE ACOCAL	MA Campos, M. D. 1914		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE NTER DATE)	OF PERSON IN CHARGE OF		NSE NUMBER OF CREMATED REMAINS POSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0	10			

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

MT. HOPE CEMETERY

INTERMENT ORDER

MT. HOPE CEMETER
INTERMENT OR
City of San Diego

6-11-86

of	Mun	a Ol	dhana	211	
na	Vault/Line	F	yperal, date, time	7/7/86-	2 P.M.
Church, Chape	V CONTRACTOR OF THE PARTY OF TH	~ 11	7.4.	Logers	Mortu
All Funeral cars	s must arrive	before 3:30 p.m.	of regular work of	day or an extra charg	e will be appl
nd billed to un	dersigned. V	Var time veteran			
71.88	,				1
ot 2000	Grave	Row	Section	Division/8	leck-
Grave space &	Care Fund				593
dditional spac	es and care	fund			
pening/Closis	ng & Setup		320	,	
Burial Containe	or		100	<u>o</u>	***
landling Fees		Spein "	128.	70	
lower vases -	Marker setti	ng fee			
lecording and t	filing fee		35		***
ales taxes .,	2:#3	2622	La la	***************************************	100 No. 1050 N
4	u H 3	224, ->	589TO	/ O tal Due	.595
1-86		Paid r	eceipt number	33447	50
West car		7/	18/10-	Balance de	.545
	IA	DI	1000 > 3	33515-	540
hereby certify	I an the	make disposition	of romaine se ah	of the above	named leced
hat I have the r	ight to make	this authorization	n and I agree to ho	ove indicated. I cert old Mt. Hope Camete	ry harmless f
in, in plant, only	y Comment of the	aid addition	- D	- 11 200	1_4
hereby Milhor	HOPE CEA	AE TERY	Jou	a v. Mo	Now
old under Pre	A SAN DIE	30,012	_58	05 DuganA	ve,
ignature of recorded ho	ider of deed	25	State	Mesa, CA	92041
			Talephone	2-0149	
	Larra de la composición de la		Invoice #		

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY FINK GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 33527	
From Lois V Mo	ton Address 800 Desg	Data: Suly 7 encu 1 1 - 92 Dollars (* 589, -	198
In fall Payment of Dis	tunes feed Bal due o	mya oldhan	10
Lot Grave		ection Block	10
invoice No. Acct. No. W.9. Uripeid Balance after this Payment	HOT VALID FOR BURGES STATED UNLESS STAMPED FAIL OF 1986 1986	### Block Bl	000

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 7/7	33525	19
	In feel Payment of St	the for myran.	OPAR Dollars (8	Division Block	10
4	Invoice No.		CREDIT 87007 20% Sales Care 77154 80% Sales 100 of Loss 77164	119	00
	Unpaid Balance after this Payment	HOT VALUDISON PURPOSE STATED UNLESS STAMPED PAID HERBITTSPACE. AUDITOR 986	Openings & 100 Service Charges 77181 Buries 100 Containers 77182 Recording frees or 77183		
	Pre-Need At Need On Acct &	1881180 Broyou Stell	riso service fees 77163 80101 Soles Tax 9020	545	100

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33447

From Joes V Merton	Address FIDE Lugar	Date: 60	6/1	Carlo	14
In Payment of	and lat gar	111111	Mars (6_	Inan	d,
Lot Told Grave	Row S	ection	7 203	Division Block	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Salas Cars	87007 77184	STORES!	
Acct. No	JUNI 2 1986	80% Sales of Lots Openings &	77184	50	00
Unpaid Balance after this Payment	WI THOP	Service Charges Surial Containers	77181 100 77182		100
Pre-Need-D At Need On Acct	266	Recording fees or misc, service fees	77183 _ 60101 9030		
Ck Cesh C	ISSUED BY	Sales Tex TOTAL PAID	9030_	50	100

* PERMIT FOR DESITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

4		ISE BLACK IN	NK-MAKE NO ALT	ERATIONS OR ERASURI	E\$		- 25	
NAME OF DECEDEN	DEL CLIMAN			Sex Temale	NOTES OF BIRTH		July 3,	198
PLACE OF DEATH—	CITY OR TOWN SS OF FUNERAL DIRECTOR FOR PERSON A	San Di	Logo	STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT			
Rogers Nor	teaxy, 4094 Universit	A TAG-	San Diego	69	La Mosa,	GA 92041		
7.	TYPE OF PER	NIT, CHECK (ONLY ONE OF THE	FOLLOWING TYPES OF	F DISPOSITION			
📕 1, BURIAL ÜN	CLUDES ENTOMBMENT)		INTERMENT AND BUR	ILAL (INCLUDES		NT AND REINTERMEN		ED:
2 CREMATION AND BURIAL (INCLUDES INURNMENT)			INTERMENT, CREMATI	ION, AND BURIAL		NT OF CREMATED RE		
3. CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	_15) AM(0.2)		ION AND DIPROSITION			56660/65105	- 1
4. SCIENTIFIC	USE	- mce.	OTHER THAN IN A CENETERY			FOR CORONER'S USE ONLY 10. DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W		S OR CREMATED REA		EO	San Die	160	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS	S ARE TO BE CREMATE	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER	R DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND COUN	Y OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAIN	NS				18	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	•						
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	F AND IS THE	AMOUNT OF FEE PAID	JATE PERMIT ISSUED	SIGNATURE OF LO	LE Comes	ING PERMIT	Market.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	TER DATE)	SIGNATURE	PERSON IN CHARGE OF C	DISPOSITION	LICENSE NUMBER OF DISPOSER, IF APPLIC		EMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF D	EATH	0	3			

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

INTERMENT ORDER AND AUTHORIZATION

Contract No	100			In	itermen	t No		5-1- S1			Date.		100
Interment she etery perfor	all take p	lace until a writter e interment.	authority,	signe	d by the	proper	relativ	e or legal rep	resentativ	e of the c	deceased	has bee	n given to the
The undersigned	hereby	request and auth	orize:	1	100	9	1	6.4	No.		4.4		
Name of Cemeter in accordance with	1	t. Hope Ceme		ations	to inter	r the ren	nains	of:	97.53	<u>, ii</u>			
NAME OF DECED		MYRA MABE	The state of the s								95	Cav	Female
in the following de		THE RESERVE TO SHARE THE PARTY OF THE PARTY	:	45	the same	. 1	- 3			Age		Sex_	TORRETO
Grave	Lot	Block	t	awn_	Div.	10	P.	_ Double De	pth Yes 🗆	No 🗆	Section_	268	38
Crypt	Tier	Corridor					-	Maus	oleum				-
Niche No	- 1	Columbarium	r		Sec.	N		Mau	soleum				
	oment or eceased of the or nurnment hereby neys' fee	inurnment of the as indicated abo wner(s) of the abo t of the remains of agree to indemn	remains of ove. The u ove descri of the here ify and ho	f the d ndersi bed In in nam	lecease igned hi itermen ned dec imless t	d, and he ereby fu t Rights ceased. the cem	ereby urther and l	authorize the certify and hereby authorities its agents	e above na represent orize use o and emplo	med ce that the f said in yees fro	metery to y are the nterment f	make di owner(s Rights o	isposition of the solution of the intermer
Signaturex	ed Represe	Mou	On		/ Id	ois V.	. Mo	rton	1000		Great	Niece	
58		gan Ave.	La M	esa	Print Nar	CA					elationship to Tel. N	1.4	52-0149
Address		Street	City		S	late		Zip		AFSS.	Tel. N	0.	
Cianatura	775		3		,			75		1			
Signature (Authorize	ed Represe	en(ative)			Print Nar	me	-		-	- B	elationship to	Decease	d
Address		Street	A conf	City	- 12	Q1:	ate	-	Zip	_	Tel. No)	
	200	re-winer	100	-	-		-					_	
1				0	FFIC	E US	E O	NLY	West .		South -	74-50 m/5-5	26
Funeral Director											Interment	t Fee \$_ Tel.	
Address	A 18 (1)	SAME VALUE	14K N	ALC:	35		100			9 1	- 40		
Total of Service		av de San Taley		200	Day	479	-10	Date			Time of Se	ervice	- 40
CONTRACTOR CONTRACTOR	ial Cont	ainer		180		Carlo Carlo	30.15	Supplier					
Dedication Service		amor	7.530.1		_Day	A CONTRACTOR	2.84	Date	1	- 1	Time of S	envice	
Date of Birth	9	n-		- 417	_Day	-	77	Date _	100	A 100			Carren
Service Co.	Part of	2.5	ce of Birth		12-	. 75	7	V-11-738	S 1989	20			County
Date of Death REMARKS		Plac	ce of Deat	n —			ms	197	7		_ No. of y	ears in	State
-			1,500-8		11 - 12	100	14	-11-5			E		
*	A Land		913		10 70	A STATE OF	100	111		_			
	7 ,		ОТН	IER N	EAR RE	ELATIVE	ES O	F DECEASE	D	E John	1000		
Vame		7.5	Address								7	elation	-A 6
		100	Hooress		150 - N.X	EDAVE HA				M.S			
Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	·····			*******				R	elation	
lame			Address	Leivenico			575 - V		************			elation	
lages,	arrivers and		Address						.,,,,,,,,,,,			elation	
				Source				200000000000000000000000000000000000000					2027-20000-711
			1350		the same		NLP/	6.11	organia in	-15	4		
Order Taken By	· -+>+×+++		4	70000			there		The burner of the second		, t	SSECTION	
Location Checked and	CATHOLOGICA .	MADE AND ARREST OF THE PARKET	The second second				Thick I Company						
Index Card	rogenere) h			Plat Bo	ok	Plat	Card	Aecc	orded By				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/86

	1000 (50)
You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
of Lorenzo	VMI - anderson,
0	21-1/1/81-18
in 8 Veult/Liner . /	Funeral, date, time
Church, Chapel, Graveside	of the S. S. Hemphine Mortubry.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vi	eteran NO
	AND SOURCE AND ADDRESS OF THE PARTY OF THE P
Lot S2 19 Grave Row	Section Division/Block /6
THE PARTY OF THE P	
Grave space & Care Fund	On heed deal \$ 5308
Additional spaces and care fund	In Parker WOC-9479 -
Opening/Closing & Setup	m James 100 C-7419
Burial Container	
landling Feet	**************************************
The Automorphic - Committee of the Automorphic Automor	TOWN PROPERTY TO SHOW AND
lower vases - Marker setting fee	
Recording and filing fee	<u> </u>
Sales taker	
TPAID	2.00
1 - 1110	Paid receipt number 33417 35.00
. JUN 13	Paid receipt number 3 3 7 4 9 30, 30
1 00W T 9	Balance due
MT. HOPE CEMETERY	1.11
COLY OF SANDIEGO CALL	of the above named decedent
and this is your active sty to his or disp	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this author any liability on account of said authori	rization and lagree to hold Mt. Hope Cemetery harmless from ization and interment.
A 100 March 100	\mathcal{L}
hereby authorize the interment in lot	11 Helha Cudlus
nold under deed.	2187 Main St
Signature of recorded helder of deed	Chala Visla (a 9301)
	(619) 422 7845
	Telephore
	Invoice #
North Orefler # E 5976	Illyoice #
TYOIR OTOGI #	Acct. #
PY-693 (REV. 8-86)	

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA		
	WHITE TO CUSTOMERY CANARY CEMETERY MIKE GOLDENROD RETAIN	MOUNT HOPE CEMETERY	13110N2 33454	
	Iles. the lindus	on 3487 man	Dete: 6/13/86 19	
	From: Mulhalluaus	Address: 3 70 7 77 CCC	Dollars (\$. 35 DE	
	In full Payment of Med	contraction forthere	myo anduron - Dec	1
	Lot 5219 Grave		ection Division /O	
Y	Invoice No.	NOT VALID FOR PURPORE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 77184 80% Sales 100	
	w.o. E-5976	JIM AUDIT	Openings & 100 Service Charges 77181	
	Unpaid Balance after this Payment	SUN 1 6 1986	Burial 100 Containers 77182	
	Pre-Need At Need On Acct		Recording leas or 100 miles, service fees 77183 77183 80101 Sales Tax 8020	
	AC-212 (Rev. 8-88) 847	15000 av Jum	TOYAL PAID . 35 DC)

PERMIT FOR SOSITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	ORBITO ANDERSON 4	12	SEX Male	May 08, 1	1903 DATE OF DEATH June 11, 19	86
NAME AND ADDRES	CITY OR TOWN OR DIES SS OF FUNERAL DIRECTOR FOR PERSON AC			NAME AND ADDRE Synothe & 3487 Main Chula Vist		TNAN
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES C	OF DISPOSITION		
A BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BURI	IAL (INCLUDES		T AND REINTERMENT OF CREMATE	ED
Transcription of the second	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMATIC (INCLUDES INURNMENT)	ON, AND BURIAL		T OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY	
GEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATION OTHER THAN IN A CEME		FOR CO	DRONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W			RED	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF PER	ISON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINA	L PLACE AND COUNTY	OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the Hea espass and nuisance laws apply	alth and Safety Code, and understand that	SIGNATURE OF APP	LICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED II	E AND IS THE \$3.00	JUN 1 2 1986	SIGNATURE OF LOC	AL REGISTRAR ISSUING BERNIT	೦
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	sidualist of	PERSON INCHARGE OF	TO MORE DESIGNATION TO THE PARTY OF THE PART	ICENSE NUMBER OF CREMATED R IISPOSER, IF APPLICABLE	EMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0			

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

6/13/86 uthorized and instructed, subject to your rules and regulations, to inter the remains 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 a Section Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees . Flower vases - Marker stting fe Recording and filing fee AT. HOPE CEMETERY N DIEGO, CALIF. 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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zio Cedi Invoice # E 5977 Acct. # PY-593 (REV. 8-85)

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 applicante, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set

	FFICIAL RECEIPT WHITE TO DUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROO RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	1111-Nº	33455
Fn	Seventeum 7	1 3487 Ma	Dete: 6/9	2011
in.	Sol Lynation No.		ection	Division /O
Ac W	no. F-5977	NOT VALID FOR HE SEE STATED UNLESS STAMPED PAIG SE THES SPECIAL DY AUDITOR 11	20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Cherges 77181 Surial 100 Containers 77182	
Pr CI	e-Need At Need On Acct	SSUED BY LONG HOLD	Facording tess or 100 mine: service fees 77163 60101 6020 100101 6020 100101 60000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 6000 100101 60000 100101 60000 100101 60000 100101 60000 100101 60000 100101 60000 100101 600000 100101 60000 100101 60000 100101 60000 100101 6	710 50

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and re-cording fee) are not graventeed prices. At the time 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 emount set forth on this order form.

(DIP)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-86

You are hereby authorized and instruct of		C	/
ina Bell	Funeral, date, tim	Tues	117 9:00
Church, Chapel, Graveside	r direral, date, till	Lucia	Col Mortuary
		new-	Same a stress of the
All Funeral cars must arrive before 3:	NA SCHOOL STANK	day or an extra chai	rge will be applied
and billed to undersigned. War time v	eteran	93	846
Lot 52 Grave 7 Row	Section	Division/	Block //
	101 //	III THE TRANSPORTER	
Grave space & Care Fund	(I.P.) -(ISA.	1974)	henced
Additional spaces and care fund		*******	===
Opening/Closing & Setup			
Burial Contain			
Handling ees PAIL	<i>,</i>)		
Flower values - Mathet petting fee	ad!		
1 301110 /1	00		2500
Recording and filing fee	RY	***********	
Sales taxes CITY of SAN DIEGO; CA	ALIR.	*************	5COD
alun drom	-13-86 T	Due /	0000
100 D D 1)	Paid receipt number 3	2344/	
ewis Calonial	01	Balance o	due
I hereby certify I am the	, ban		
and this is your authority to make disp	position of remains as a	bove indicated. I cer	e named decedent rtify and represent
that I have the right to make this author any liability on account of said author	rization and lagree to he rization and interment.	old Mt. Hope Cemet	ery harmless from
	COLORAGES ESSENTIALES COLORAGES ASSESSED	0.0-	1
I hereby authorize the interment in lo hold under deed.	t I	us K.	TONE D
SUPPLIES SEASON SEASON	- Adema 9	56 Cinn	abar Ur
Signature of recorded holder of deed	_ <u></u>	Mera,	92041
	4	69 0227) () () () () () () () () () (
	Interhone		
7-8-0152ALO	Invoice (
Work Order # E 5978	Acct. #		
THE PARTY AND	PULL # .		

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Louis La Pre	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3181	Nº / 10	33459
· >	In full Payment of Bell Lot 52 Grave Invoice No. ———————————————————————————————————	Jephe for	Dollars (\$	Division //
•	Pre-Need At Need On Acct Ck Cash 39/	2	Service Charges 77181 _ Burist 100 Conceiners 77182 _ Recording fees or 100 misc. service fees 77783 _ Selec Tax 8020 _ TOTAL PAID 6	3500

PERMIT	FOR	POSITION	OF		AN	REMAINS	100
USI	BLACK	INK-MAKE NO A	LTERAT	TIONS OF	R ERA	SURES	

NAME OF DECEDEN	JENNIE LEPORE			sex Female	April 4	1902	June 12,	1986
PLACE OF DEATH-		A1 ame	da	ATE IF NOT IN CALIFORNIAS	Albert 1 2614 Car	Lepore	POUSE OR OTHER IN	FORMANT
ayward Mort	uary 22297 Mission Bly	rd., Hay	ward, Ca	686	I THE WAY TO SHEET THE HE			ů.
	TYPE OF PERA	AIT, CHECK	ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION			⋖
1. BURIAL (IN	ICLUDES ENTOMBMENT)		INTERMENT AND BURIA	AL (INCLUDES	8. DISINTERM REMAINS	ENT AND RE	EINTERMENT OF CRE	MATED 0
	N AND BURIAL (INCLUDES INURNMENT)	G 6 DIS	INTERMENT, CREMATIO	N, AND BURIAL	9 DISINTERM DISPOSITIO	ENT OF CRE	MATED REMAINS A	ND =
3 CREMATIO CEMETERY 4 SCIENTIFIC			INTERMENT, CREMATIO HER THAN IN A CEMETI		FOR 10 DISPOSITION		R'S USE ONLY	, 8
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAIN	S OR CREMATED REMA	AINS ARE TO BE INTERR	Diego, C	cou	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS	S ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN (CHARGE OF CREMAT	YRO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER	R DESCRIPTION SUFFIC	IENT TO IDENTIFY FINAL	PLACE AND COUR	NTY OF DISF	POSITION	2.5
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAIN	NS:		W			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under p espass and n	rovisions of the Heal uisance laws apply o	th and Safety Code, and understand that	SIGNATURE OF A	APPLICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	AMOUNT OF FEE PAID	6-13-86	SIGNATURE OF I	OCAL REGIS	TRAM ISSUING PERM	AIT D
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	ITER DATE)	SIGNATOR OF F	PERSON IN CHARGE OF	DISPOSITION		UMBER OF CREMAT IF APPLICABLE	ED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	A99 5th St. Gaklan	var. History		<i>a</i>		W=========		

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

INTERMENT ORDER

INI	ERMENTORDER
wi_	City of San Diego
	1 Date 6/16/86
	V valo y 1
You are hereby at hyrized and instructe	and regulations, to inter the remains
of Alorea &	wille Brosford
in a Double Cupt	_ Funeral, date, time
Church, Chapel, Graveside Church	- + DS: Royale Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vel	teran titos - Namy - Mushan
Lot 51 Grave 4 Row	Section 2 Division
Lot Grave How	Section Division.
Grave space & Care Fund	393 =
Additional spaces and care fund	A Cuffet for Husband
Opening/Closing & Setup	
Burial Container Dalle Cay	330 -
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	14.80
	Total Due
	Paid receipt number
1	A Balance due
I hereby certify I am the	stand of the above named decedent
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	ation and interment.
I hereby authorize the interment in lot I	(Alum) Stadough dr
hold under deed.	(19 06 / Sep Ball 2 AR
Signeture of recorded holder of deed	Abolines Mr Diara CAID
	Z 1 8: 4212
	Talophone ()
2000 C 1000 C 10	Invoice #
Work Order # E 5979	Acct. # 017768
PY-603 (NEV. 8-85)	

PERMIT FOR SPOSITION OF HEAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN			SEX	DATE OF BIRTH	DATE OF DEATH	
	GLORIA LUCILLE		Female	Dec. 25,	1932 June 14, 1986	
PLACE OF DEATH-	754400000000000000000000000000000000000		OR STATE IF NOT IN CALIFORNIA	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	RESS OF SPOUSE OR OTHER INFORMANT	
	n Diego	San Die		The second of th	Bradford - Husband	
NAME AND ADDRES	ss of funeral director (or person ac Legrson-Ragsdale Mortu	10 (000 (000 00 P. (9) X.))	CALIFORNIA LICENSE NUMBER	2061 Ser San Die	agull Lane go, California 92123	
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION		
1 BURIAL UN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENTI	BURIAL (INCLUDES		ENT AND REINTERMENT OF CREMATED NCLUDES INURNMENT)	
- Arti	N AND BURIAL IINCLUDES INURNMENT	6 DISINTERMENT, CRE			ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY	
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY	FOR CORONER'S USE ONLY		
INTERMENT	NAME AND ADDRESS OF CEMETERY W		remains are to be interr		San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATED DATE CHEMATED	SIGNATURE OF P	ERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	INE. OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	L PLACE AND COUN	TY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI	EIVING REMAINS		-107		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre	dent under provisions of the	Health and Safety Code,	SIGNATURE OF APPLICANT DATE SIGNED		
APPLICANT	this permit gives no right of unrest	ricted access to property no	owned by me.	AMERICA ANTA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	DATE PERMIT ISSUED JUN 1 8 198		CA RECIETRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUNE DISPOSITION WAS MADE ON	2 0 1986 aGAA	E OF PERSONAIN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH]			

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

044416 06/25/86 017768 £ 5979	JOHNNY BRADFORD 100 072 100 072 100 072 100 072 60101 67007	07/14/86 CK 77181 000072 77182 000072 77183 000072 77184 000072 9020 77184	367573369	1.619.80 320.00 330.00 355.00 476.00 19.80	1,619.80 PAI	0.00 D IN FULL
NUMBER OF INVOICES PAID TOTAL AMOUNT PAID	2.475.80					

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

6/16/86

Variation beautiful and and last material and last		(assessed a secondary
You are hereby authorized and instructed subject	ect to your rives and regulations, to	inter the remains
0 00/1 -	TO MY 4/	7- 2PM.
Vsutt/Liner 1 ~ (eral, date, time	1.
hurch, Chapel, Graveside Church 4	Karyson	Mortuary.
Il Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra char	ge will be applied
nd billed to undersigned. War time veteran 🚄	NO.	
ot 43 Grave 12 Row	Section Division/I	Block//
Grave space & Care Fund	*************	25000
Additional spaces and care fund		
pening/Closing & Setup	2 4 /)	32000
urial Container	1:20011	10000
andling Fees	-PMIN NO OCT	14500
over resis - Marker setting fee	3 10 7	·
cording and ding fee 410	سره سول ما	310
777	AVICE GIVE	600
alos tares	A A	857.00
m. 16	Total Due	CY7 00
TI MOPE CEMETERY Paid rec	emanumber 27760	
WEAN DIEGO CAUE	Λ Balance o	tue
hereby certify am the Husban	X af the shows	named decedent
and this is your authority to make disposition of	f remains as above indicated. I cer	tify and represent
hat I have the right to make this authorization a my liability on account of said authorization ar		ary narmiess mon
	X.92-15	181.
hereby authorize the interment in lot I old under deed.	Signafia 1772 D. 10	PAGE .
**************************************	MAN OF OTHER	uncy
ignature of recorded holder of deed	Stand 3 (- 1)	Zip Code
	162-1667 Telephone	
	0444	14
Vork Order # E 5980	Invoice # 7777	-1
Nork Order # UUUU	Acct. #	00

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUGITOR GOLDENHOO RETAIN From	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161 LEL Address: 8/73 Bus	Nº 6/16	33460 86 .10 + - 28 9211
in July Payment of Holds	eminteed for m en 11 for 60 Englatero 000	any alin B	857 = niw-dec
Acct. No	HOT VALID FOR PROSE TATED UNLESS STAMPED PAID IN THIS SPACE OF AUDITOR	CREOIT 87007 20% Sales Care 77134 80% Sales 100 of Lots 77184	200 00
W.O. Unpeid Balance after this Payment Pre-Need At Need On Acct	1935	Service Charges 77181 Surjet 100 Containers 77182 Recording fees or 100 miles, service fees 77183	100 00
Ck Cash AC-212 (May, 8-85)	ISSUED BY LIGHT THE	Sales Tex 80101 FOTAL PAID 6	806 00

PERMITOR DISPOSITION OF HUMAN MAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Hary Alice Brice			FEELLE	DATE OF BIRT	3, 1932	June 9.	1986
PLACE OF DEATH—	CITY OR TOWN	San Diego	COUNTY IOR S	TATE IF NOT IN CALIFORNIA		DORESS OF SPOU		HUS bene
-terminarity and an inter-	S OF FUNERAL DIRECTOR FOR PERSON AC ON-REGISSAL ROTTURY	TING AS SUCH	CALI	ORNIA LICENSE NUMBER	O. S.	ireckhave: lego, CA	92114	
122	TYPE OF PERA	AIT, CHECK ONLY	ONE OF THE	FOLLOWING TYPES C	F DISPOSITION			
1 BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERM ENTOMBMI		AL IINCLUDES		MENT AND REIN		EMATED
2. CREMATIO	N AND BURIAL IINCLUDES INURNMENTI		ENT, CREMATIC	N. AND BURIAL		MENT OF CREMA		
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION			FOR CORONER'S USE ONLY 10. DISPOSITION PENDING			
	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR C	REMATED REM	AINS ARE TO BE INTERR	ED	COUNTY		-
INTERMENT	Mt. Hope Comptery	3751 Mar	tet Str		iego, CA	San	Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE T	O BE CREMATE	DATE CREMATED	SIGNATURE O	F PERSON IN CHA	ARGE OF CREMA	TORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESC	RIPTION SUFFIC	CIENT TO IDENTIFY FINA	L PLACE AND <u>CO</u>	UNTY OF DISPOS	SITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			***************************************			
ACKNOWLEDGMENT	This is to certify that I am the per	erson having the right to control the disposition of the edent under provisions of the Health and Sufety Code,		SIGNATURE OF	SIGNATURE OF APPLICANT			
OF APPLICANT	TO SHE'S AND PROPERTY OF THE SECOND STREET, THE S	spass and nuisance laws apply and understand that icted access to property not owned by me.			DATE SIGNED	DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COU AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	3.00	JON 13 198	SIGNAL SE OF	U. S. Cam	AR ISSUING PERI	MIT MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	1 1 7 1985 S	SIGNATURE OF	PERSON IN CHARGE OF	DISPOSITION	LICENSE NUN DISPOSER, IF	APPLICABLE	TED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	O					

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

Mount Hope Cemetery 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

06/20/86	5	E-5980				
то:	Rev. Roosevelt Bi 8173 Brookhaven (San Diego, CA 921	Court				
	DESCRIPTION OF CHARGE		AMOUNT			
vertime cl ervice (Se	narge for Mary Alice se attached)	Brice	\$100.00			
	> 2					
		·	*			
FORM PR-955 (10/6	41					



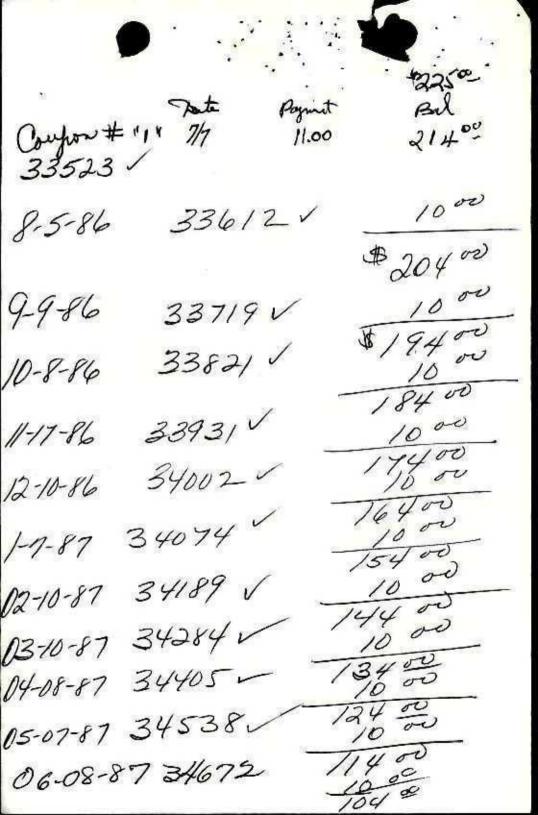
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/17/86

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imber <u>33</u>	4621	25.0
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SECTION .		
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E.5981 34920 35008 9-8-87 10-7-87 35/29 11-5-87 35256 12-9-87 35403 1-11-88 10,00 3555/ 34.00

ADDRESS 5851 Duluth Avenue, San Diego, Ca 92114 RATING						
DATE	ITEMS	DEBIT		1	CREDIT	BALANCE
un 17 86 9 88 - 7 88	Lot 98, Grave 2, Section 2, Division 11 Couper 20, Receipt # 35698 Couper 27 Receipt # 36022 Couper 2/\$23, Receipt # 36265	250	00		216 00 1000 1000 2000	34 0 2400 140 2600 2600
						0 0
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	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PILM ALLOTTOR GOLDENROO RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 6/17	33462	
	From Dessyl Leave	a heed Credit la	Le - Dollers (0	2500	
	Lot 998 Grave	RowS	oction 2 87007 CREATY 87007 20% Sales Care 77134	Division /	1
	Acct. No	HOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THE SPACE. JUN 20 200	80% Sales 100 of Lots 77164 Openings & 100 Service Charges 77181	ar	00
0	Pre-Need At Need On Acct		Buriel 100 Containers 77182 Resording fees or 100 misc. service fees 77183 80101 Soles Yan 8020		
	AC-212 (Rev. 9-85)	ISSUED.W	TOTAL PAID .	31	00

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From Low Bessel Rea	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT. MOUNT HOPE CEMETERY 264-3151	Nº 33523 7/7/81 with - 10-192114
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	In Couper "I" Payment of Create Invoice No.	2 ROW_S	# Dollars (\$ _//_ 00 _) ection
	Acct. No. W.O. E 5981 Unipeld Balance after this Payment 2140 Pre-Naed At Need On Acct Acct Acct Acceptage Accept	JUL 09 1986	80% Sales 100

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5981

Bessye Reaves

Bessye Reaves 5851 Duluth Ave San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						X	Sever I	56.75			
-			-	The same	-	-	-		-	-	

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

Amount due if paid more than after due date above. \$ 10.00

s 1130

NAME BESSYE REAVES
ADDRESS 5851 DULUTH, AVE.
CITY SAN DIFFORSTATE CA. ZIP92114

check (/) if this is new address

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROBERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33612 MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Grave NOT VALID FOR PURPOSE STATIO MEESS STAMPED Invoice No SON Sales Acct. No. Unpaid Balance after this Payment . At Need On Acct Sales Ter ISSUED BY TOTAL PAID AC-212 (Rev. 8-86)

DO NOT MAIL ENTIRE BOOK ACCOUNT No.

Bessve Reaves

5851 Duluth Ave. San Diego, CA 92114

Month and Day Due Indicated Below

MAY JUN JUL AUG SEP OCT NOV DEC E

Amount due when paid on, or before, due date above 10th 10 days

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

NAME

11.00

Amount Received	S
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ADDRESS CITY

check (/) if this is new address

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANUARY CEMETERY PINK AUDITOR GOLDENROO RETAIN 33719 MOUNT HOPE CEMETERY 264-3151 Division Section NOT VALID FOR PURPOSE STATED LINUES STAMPED Invoice No **ROW States** Acct. No of Lots SEP 1 2 1986 Unpaid Balanca after this Payment On Acct TOTAL PAID AC-212 (Rev. 8-85)

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nou ter d	fue da	it pald te abo	more ti				\$	10),	0 8	8

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY SUPARTMENT WHITE TO CURTOMER CAMARY. CEMETERY PRIK AUDITOR GOLDENROO RETAIN 33821 MOUNT HOPE CEMETERY 264-3151 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED THAT IN THE SPACE. CREDIT 67007 77184 Invoice No CITY, AUDITOR 77184 Acct. No 77181 OCT 1 6 1986 Unpeid Balance after this Paymen 77182 Recording fees or On Acet TOTAL PAID AC-212 (Nov. 8-06)

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5981

E 5981

Bessye Reaves 5851 Buluth Ave. San Diego. CA 92114

Month and Day Due Indicated Below

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

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

\$ 10.00

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

\$_____

Amount Received \$_____

NAME

ADDRESS

STATE

ZIP

CITY STATE ZIF

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3161	Dute: 11	Nº -/7	33931
	From Losye Marke Len and Molling In and Payment of C	redit let Dale	1 3	poliars (\$) <u>ro</u>
,	Invoice No	NOTYALIDPORPURPOSESTATED UNLESS STAMPED PARD' IN THIS SPACE. CITY AU NOV 18	1986 ding Fee Miss. Fees	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77183	10 0-1
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Oheck	ISSUED BY B. AANG	Pro-Need Trust Sales Tax TOTAL PAID	63033 6022 60101 78380	10 00

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WHITE TO GUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDITOR	204-3151 EQC () ()	Date: 12-	10 .19.86
Less and mofile in Class Payment of A	nenced lot	Dollars	11 00)
Lot 98 Grave		ection _ Ø	Division //
Acct. No. E 5981	PAID IN THIS SPACE TO A LEGISTOR	CREDIT 87207 20% Sales Cure 77184 00% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlel 100	1000
BALANCE DUE # 164		Containers 77182 100 Handling Fee 77553 Recording & 100 Micc. Fee 77185	
Pre-Need Lot P At Need On Acct Pre-need Trust Cash Check AC-212 (New. 11-86)	ISSUED BY BIZANCY	Pre-Heed 63033 Trust 9022 Selim Tex 80101 TOTAL PAID	10 00

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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Len als de la payment	no/100	ed lot	0	ollars (\$ 10 00
Invoice No Acct. No W.O. E. 5 9 8 1 BALANCE DUE # 140 Pre-Need Lot At Need D Pre-need Trust D Cash D	On Acct	B. Jan	Section CREDIT 20% Sales Care 30% Sales Care 30% Sales Care 30% Sales Opering/ Closing Burist Containers HendSing Fee Recording & Misc. Fase Pre-Nesd Trust Sales Tax TOTAL PARD	07007 77154 100 77154 100 77181 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183

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CITY OF SAN DIEDO, CALIFORNIA PROPERTY DEPARTMENT

SANWAY	Reader Mount	HOPE CEMETERY 284-3151	Date: 04	92114.108
In art Payme	molloo Address	lat	Dollar	Division
Invoice No. Acct. No. W.O. E 5981 BALANCE DUE #12	400 TAID IN THIS SPAI	RPOSE STATED UNLESS STAMPED	of Lots 771 Opening/ 1 Closing/ 771 Burls/ 771 Containers 771 Handling Fee 771 Recording & 771 Mac. Fees 771	Block
Pre-Need Lot At Need C Pre-need Trust Cash C	Oll Pilot	3. sang	Pre-Heed 830 Trust 90 Sales Tax 601 753	

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CONTRACTOR OF THE PARTY OF

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

PINKAUDITOR	264-3151	Date: 05	-07	.1087
Ten and no	Address: 5851 Dull	nth au	10 1 10 2 10 2	92114
In Payment of	2 Row Si	setion of	Division	11
Invoice No. Acct. No. W.O. E 5 98/ BALANCE DUE \$ 1/4 00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlel Containers Handling Fee	67007 77104 100 77184 100 77181 100 77182 190 77183	100
Pre-Need Lot At Need On Acct Pre-need Trust Ceah Check	ISBUED BY Bang	Pre-Heed Touri	77 100 77 103 77 103 8022 60101 78000	100

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CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CENTERY PINK AUDITOR	MOUNT HOPE CEMETERY 284-3161	Date: 6	19. 19.	87
tek oo	ruges #12 le	unt a	Fale.	-)
Lot Grave	Row	Section	Division Block	
Acct. No. W.O. E 5 98/ BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Of Lots Of Loting Burial Containers Handling Fee Recording & Mile. Pees Pra-Need Trust Sales Tax	87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 65033 6002 60101 75300	

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DO NO	T MAIL	ENTIRE	BOOK	
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E-5981 ACCOUNT No.

E5981

Bessye Reaves 5851 Deluth@Av San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
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Amount due when paid on, or before. due date above.

Amount Received \$

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

NAME ADDRESS

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STATE

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CITY OF SAN TITEGO, CALIFORNIA

CANADAY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3181	7.5	94
From Dessye Jeans	2 Address: 585/ Du	Cutto, SA	92114
In Payment of All	pr # 13 Cudi	7 dete (\$	<u>70 -</u>)
Lot 98 Grave	2 Row Se	ction 2	Division //
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MOTVALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE.	CREDIT 67007 20% Selec Care 77184 — 80% Sales 100 of Lists 77184 — Opening/ 100 Clealing 77181 — Burtal 100 Containers 100 Handling Fee 77183 — Headwriting 8 100 Handling Fee 77183 — Pre-Mood 93033 Trust 922 — Sales Tax 00101 78380 —	10 -
AC-212 (PM: 11-80) 3946	industrial and	TOTAL PAID	10

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WHITE TO CUSTOMES

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

CANARY DEMETRAY PINK	MOUNT HOPE CEMETERY 264-3151				
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In COUPON Payment of Cre			oliars (\$ 10	00	
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ACCOUNT No.E-5981 E 598
Bessye Reaves
5851 Duluth Ave
San Diego, CA 92114

Month and Day Due Indicated Below OCT NOV DEC MAY JUN JUL AUG SEP JAN Amount due when paid on, or before, due date above Amount due if paid more than after due date above. Amount Received S NAME ADDRESS STATE CITY □ check (✓) if this is new address

	WHITE TO CUSTOM CANARY CEMETER
THE STATE OF THE S	PINKAUDITO
	GENERAL STREET

CITY OF SAN DIEGO, CALIFORNIA PROFERTY DEPARTMENT MOUNT HOPE CEMETERY

From: Dessye D	Coules) Address:	5851 Duli	Date: 10-7	92114
InPayment of _	laugen 16	o Cudit	Downers (\$	10.00
Involce No	PAID' IN THIS SPACE.		EDIT 67007 — 6	10 -

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-5981 Bessye Rea 5851 Duluth San Diego, CA 92114 Month and Day Due Indicated Below JUN JUL AUG SEP OCT NOV DEC JAN Amount due when paid on, or before. due date above Amount due if paid more than. after due date above. Amount Received

ADDRESS

CITY STATE ZIF

Check (/) if this is new address

NAME

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

	264-5151			195
From: Bessine Rawes	Address: 5851 Puloto	Date: 11-5 ave 8.2.	Ca. 9211	18 87
In Polley -		Dollers (\$	10.00	, ,
in part Payment of Ga	did Sales Lot , Compon	-17		200
Lot 98 Grave	2 Rowse	oction 2	Division	,
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Cars 77184 -	14	
Acct. No		80% Sales 100 of Lots 77184 - Opening/ 100	10	00
w.o. E-598/	在 是一种的	Opening/ 100 Closing 77181 – Burial 100 Containers 77182 –	The state of the	9
BALANCE DUE 54.00	ALTER PLAN	Hendling Fee 77183 -		
Pre-Need Lot At Need On Acct	ALCOHOL: BUL	Miss. Fees 77185 - Pro-Meed 63058	Jan State	
Pre-need Trust Cash Check C		Trust 8032 - Salam Taix 80101 78260 -	1000	
AC-212 (Rev. 11-86) 4009	ISSUED BY DIACE MOUNT	TOTAL PAID 8	10	00

and the	NOT	MAIL T No.	ENTIF	59 1 a 1	OK Lea	h A	ING	<u>.</u>	59	89	.1
		Mor	ith ar	nd D	ay D	ue In	dicat	ed E	elou	2	
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Amou	nt due due da	if paid	more ti	han.	O de	iys	\$ \$.0		
NAM	E			Ar	nount l	Receive	d S	-			
A COLOR											
	RESS										

CITY OF SAN DIEGO, CALIFORNIA

A CONTRACTOR OF THE PARTY OF TH	CAMARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY			
From:	esse Ven	10) Address 585/ D	Water 7	-8 in 92	118
- 0	Do stall	nd H	DO 100	Hars (\$ 10.0) ,
In	Payment of	tegen # 11 Cl	raci di		
Lot 9	Grave_	Particular and the second seco	ection	Divisio Block	-//
Acct. No		MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID: IN THIS SPACE	CREDIT 20% Sales Cere 80% Sales of Lots	67007 77184 100 77184	10 -
w.o	-5900		Opening/ Oldeling Buriel Oostelsers	77181 ——————————————————————————————————	5
BALANCE D	AND DESCRIPTION OF THE PARTY OF		Handling Fee Plecording & Misc. Fees	77103	1
Pre-Need Lot Pre-need Trus	THE RESERVE THE PARTY OF THE PA	X (library	Pro-Need Trust Sales Tax	60000 6000 6000 7600	
AC-212 (Rev. 11-	m 3976	ISSUED BY LYDEY VOICE	TOTAL PAID	\$ /0	0

Wilkle .		No.	E-	-59 ul log	ear uti		E ve.	211	98	ı	4 to
FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	Nov	DEC	JAN
				2							
due da	nt due ale abo nt due due dat	ve. It paid	i del moreti	,		nys	s s	1	1.		
NAM	E			An	nount i	Receive	\$ sd \$				
	RESS										
AUU	nLoo			_					_		

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

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

PINKAUDITOR	264-3151				
SIASUL LIANES	Address: 5851 Mulu	Date: 10	910	12114	987
Sendollus & rollo	Address: SIGI PAGE		ollars (\$	00.00)
In Payment of U	idit (IT) also coupe	12# 18			
Lot 98 Grave	A Row_s	ection a	Divi	sion []	1
Invoice No.	NOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	10	(77)
Acct. No		of Lots Opening/ Closing	77184 ————————————————————————————————————	10	
W.O. E-040 I BALANCE DUE 44.00		Burtat Containers	77182	1000	3770
BALANCE DOC 113	THE PARTY OF THE PARTY OF	Handling Fee Recording & Misc. Fee	77185	10 Ac	V V
Pre-Need Lot At Need On Acct		Pro-Need Trust Selee Tex	63033 9022 60101		1950
AC-212 (New 10-87)	ISSUED BY HOLD BLACK	TOTAL PAID	60101 78390	10	00

DO	NOT	MAIL T No.	ENTIF	-59	OK Bal	Ve			181		8	日本大学の
		Sas	D	10	10,	CA	. 9	21	14			1
		Mon	th ar	d De	y D	e in	dicat	ed B	elow			9
JUN	JUL					DEC			MAR	APR	MAY	
mour	te abo	when p	more ti	•	0	lys]	> s		1.	00		100
MAN	E	ows.co.	e.c	An	nount I	Receive	\$ ed \$					
ADDI	RESS											
CITY			No mark	- DATE OF		STAT	E		ZIF			

OFFICIAL RECEIPT 35551 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Dollars (\$ Division Section 10 00 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 20% Sales Care CITY AUDITOR 80% Sales of Lots Acct No Opening/ Closing JAN 13 1988 Burtal 77182 Containers BALANCE DUE 01.00 Handling Fee Recording & On Acct Pre-Need Lot Pre-need Trust Check R SSUED BY AC-212 (Flev. 10-67)

-		T No.	E-	594 Dul	ut ut	CA	9	211	4	8	
JUL	AUG	SEP		NOV			FEB	MAR		MAY	JUN
due di	nt due ate abo int due due da	ve. If paid	moret	han_	0	nys	> \$ \$ \$ \$ \$ \$	1	.01		-
NAM	E		_	:01	iiddiii.	HELGIY					
ADD	RESS		_								
CITY				-		STAT		- 1	ZIP	2	
			check	111) If t	his is	new	v add	ress		

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANALITY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY PEPARTMENT MOUNT HOPE CEMETERY	Nº 35698
	From Bassye Seave	284-3151 De Address: 585/ De	Date: 2-9 Letto ace, SD 92114 Dollars (\$ 10-00)
•	In Payment of CIPY	2 ROW 8	ection 2 Division //
	Acct. No. E 598/	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUDITOR FEB 1.2 1988	CREDIT 67007 / O O O O O O O O O O O O O O O O O O
•	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ssues or andra Clar	Handling Fee 77185 Fiscording & 100 Mac. Feee 77185 Fiscording & 100 Mac. Feee 82833 Fruit 9022 Salae Tax 90201 78390 TOTAL PAID \$

William Annual Annual

DO	NOT	MAIL No.	ENTIF	E 800	81	h A	E	- :	59		0
4	Y.	Mon	th ar	nd De	y Du	e In	dicat	ed B	elow		
AUG	SEP	OCT	MOV	DEC	JAN	FEB	MAR	APR	MAY	NUL	JUL
Amou		053	more ti	1	O da	ys)	5	-	1.	00	
NAM	Ę			An	ount i	Receive	s ed 5				
	nece.										
ADD	1533	_									

STREET, SQUARE,

Invoice No. Acct. No.

BALANCE DUE _

AC-212 (Rev. 10-87)

Pre-Need Lot At Need

Pre-need Trust Cash

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

NOTVA PAID' I

On Acct

Check X

OFFICIAL RECEIPT	
CANARY CEMETE AUDIT	を の の の の の の の の の の の の の
From Deslye Rea	w
Jes Ag	1
In Payment of	4

Address: 5851 Que	letto	Pac	50	921
10 100 T	edit 2	ollars (\$	10.00)
2RowSe	ection 6	2	Division	11
D FOR PURPOSE STATED UNLESS STAMPED THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	10	00
CITY AUDITOR	Opening/ Closing Buriel Containers	77181 — 100 77182 —		
APR 21 1988	Handling Fee Recording & Misc. Fees	100 77185 — 100 77183 — 83033		
11. 11	Trust Sales Tax	9022	10 Se	

DO	NOT	MAIL T No.	ENTIF	-59 -59	ok 81 leat ut	ve s	E	5	98	2	2
美		Mon	th ar	nd De	y Du	e In	dicat	ed B	elow		
OCT	NOV				MAR						SEP
lue da Amou	nte abo	when poster above	moret	h 1	0	ys)	> s > s		1.	80	
MAM	E			An	nount f	Receive	ed \$				
CITY						STAT	E		ZIF		
0111			check	(V) if t			add			

OFFICIAL RECEIPT 36265 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 284-3151 **Division** Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT Invoice No. CITY AUBITON 20% Salad Care 7718 80% Sales 77184 Acct. No. of Lots JUN 13 1988 Opening/ 100 100 Containers 77182 BALANCE DUE . 100 77185 Handling Fee Recording & 100 77183 Pre-Need Lot 63083 Trum Pre-need Trust Sales Tax 78390 TOTAL PAID

ACCRES (1994 10 87)

Workerder

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/14/86

of	Freeda	ande	X-Leeun	v 1956
MAG .	1-			Chi stratestotos
in a	Vault/Liner	Funeral, date, tir		2-11-00-2
Church, Chapel, C	Graveside	- 4		Mortuary.
All Funeral cars n	nust arrive before 3:3	80 p.m. of regular wor	k day or an extra charge v	vill be applied
and billed to unde	ersigned. War time ve	eteran		
Lot <u>58</u> Gr	ave <u>13</u> Row	Section _	MAS Division/Bloo	* 2_
Grave space & Ca	re Fund			
Additional spaces	and care fund			
				06,500,000
Burial Container	······································			0.00
Handling Fees	Kes	et mark		70-
Flower vases - Ma	arker setting fee			1821
Recording and fili	ng fee			10
Salas tavas /				27.8
1 0				9000
Land	-		Total Due	000
10 miles		Paid receipt number	23463	10-
	0		Balance due	-0
500	V	,		
hereby certify I a		w	of the above na	
and this is your at	uthority to make disp	osition of remains as	above indicated, I certify	and represent
any liability on ac	count of said author	rization and lagree to zation and interment	hold Mt. Hope Cemetery	
HERETERING CONTROL			20 0 00	Dort
I hereby authorize	the interment in lot	1 X (Charles Gans	we
hold under deed.		Signature	1	19
		Address	U	
Signature of recorded holds	r of deed	State		Zip Code
		Telephone		
10==	K.	Invoice	#	
000.0003205050.00	5982			5.5
Work Order #	0000	Acct. #		

OFFICIAL RECEIPT WANTE TO CUSTOMER CANARY CENTERY MANK AUDITOR GOLDENROO RETAIN From AUDITOR CONTRACTOR OF CONTR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 33463 6/17 86
In	- Le they Memore A. A. Dutert - ROW - S HOT VALUE FOR HOUSE STAMPED THAN IN THE SPACE. JUN 20 1986 GUL	Dollars (6 7 7) Control Division S Control States Care 77184 BOX Sales Care 77184 BOX Sales 77184
W.O. E - 2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Store -	Openings & 100

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Pured

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	City of San Diego
0.	10 Date 6/16/86
Kul	
	d, subject to your rules and regulations, to inter the remains
of Children	myne
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 vet	eran
A TOTAL CONTROL OF THE PARTY OF	
Lot 65 Grave 2 Row_	Section Division/Block
Grave space & Care Fund	0. 0. 0. Val. 4950
	0 0
Additional spaces and care fund	
Opening/Closing & Setup	
Buriel Container	==
Handling Fees	
Flower vases - Marker senting fee	
	<u></u> -
- (h -	
Sales taxed	49/00
1000	Total Due
6-20-86 P	aid receipt number 33482V
1	Balance due 7/000
11.	h. (over)
I hereby certify I am the	of the above named decedent ition of remains as above indicated. I certify and represent
that I have the right to make this authoriz	ration and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriza	don and mannanc
hereby authorize the interment in lot I	Dann Com
hold under deed,	Signature
Signature of recorded holder of deed	Address
MONOTOR CONTRACTOR TO THE STATE OF THE STATE	Starta Zip Code
	Telephone
Work Order # E 5983	Invoice #

05-07-87 34537 47000 45000

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 43296

rom Janken Knight	1:D1 =000	Date: 2.		u.	19.7
Payment of Payment of Grave	21 Bow S	for anni	e K	550.0 myst Wa	2
cct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE.	CREDIT 20% Sales Care 20% Sales Care 20% Sales of Lots Opening/ Closing Burist Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	39	00
ALANCE DUE 4 / US/00		Handling Fee Recording & Misc. Fees	100 77185 — 100 77183 —	-	

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY FINE AJDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	Nº2	33482
	From Daniel Corin	Address: 466 Card	para de Dollara de	921104
, 1	In Part Payment of A	shout on Creditle	Ruth An	yst - Division 12
	Invoice No	MOT VALID FOR PROPER STATED UNLESS STAMPED PAID' IN THE SPACE TY AUDITOR	CREOTT 87007 30% Soles Care 77184 80% Soles Care 77184 100 97184	25 00
	W.O. E-5983 Unpeid Balance #47000	26 1887	Openings & 100 Service Charges 77181 Surial 100 Containers 77182	
	Pre-Need At Need On Acct O	Leon Stiller	Recerding fees or 77183	200

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

	PINKAUDITO	MOUN	VI HOPE CEMETE 264-3151	HY		
From:	Daniel Co	ry) Addre	644 00	Mille Date:	5-67 Dea 92	119
Till	enty and	10/100) —	-00	ollars (\$ 20	00,
wan	Payment of	Prence	deat of	lar ann	il Kny	ght
LOI 10-	5 Grav	2	Row	Section 2	Division	12
BALANCE I Pre-Need Lo	5983 DUE \$ 450 00	NOT VALID FOR P	URPOSE STATED UNLESS ST		67007 77184 100 77184 100 77181 100 77181 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183	0 00
AC-212 (Rev. 1		ISSUED BY	1. Alling	TOTAL PAID	. ~	000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/16/86

600. 100.	pject to your rates and regulations, to inter the remains
in a T.S. Vault Fu	ineral, date, time Thur 1/Am 6/19
Church, Chapel, Graveside Chapel 1	SS Ragadale Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	1999
Lot 5 8 Grave Row	Section Division/Plank
Grave space & Care Fund	4950
Additional spaces and care fund	- Mone -
Opening/Closing & Setup	ault 1950
Handling Fees	170 2.
Flower vages Aarker setting ree	
Recording and filling fee	10.60
Spiles taxes N. 1. 6.	Total Due
MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.	eceipt number 33 44 / 1205.40
	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization is	and lagree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	EARL FAWARDS
hold under deed.	107 S. MEADOWBLOOK Y.
Signature of recorded holder of deed	Sint 1560 98114
	Telephone 6/9/464-8200
Fron	Invoice #
Work Order # E 5984	Acct. #

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY COMPTERY MINK AUDITOR GOLDSMACO RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY OFFARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 33466 6/17/8/6	/_
	From: Carl S durand well Hemdul In fell Paymont of D	Lumin & fur for	Dollars (4/205) The Elward Del	送二一
	Invoice No	HOT VALUE FOR SUPPOSE STATED UNLESS STAMPED JUN 20 1966	CHEDIT 67007 99 99 100 201	00
•	Pre-Need At Need On Acct C	Sault !	Recording fises or 100 205 Recording fises or 100 205 Recording fises or 100 205 Recording fises 77183 205 Recording fises 77183 205 Recording fises 77183	5000

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

	8	0	
1	Ç,	7	

From: Earl S. Edwards The Manhel Him In full Payment of Il	Address: 107 S. Mas Ly free Pollers— Hellelin of V. a.	Date: 11- Low Brock Dr Doll	5 A 9211 lers (8 _/35.4	
Lot 58 Grave_	8 Row_	Section/	Division Black	11
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPI "PAID" IN THIS SPACE.		87007 77164	-
Acct. No		Opening	77184 —	
BALANCE DUE	美国教育		77182 100	- 4
	这种是一种	Recording &	100 135	00
Pre-Need Lot		Trust	8022 80101	9 2
AC-212 (May, 11-80) /2/8	ISSUED BY BLACE MOVINGE	TOTAL PAID	1 /35	00

E5984

PERMIT FOR POSITION OF HE AN REMAINS

		USE BLACK INK-	-MAKE NO ALTER	TIONS OR ERASURE	S		154	
NAME OF DECEDEN	r	AND THE RESERVE OF THE PERSON		SEX	DATE OF BIRTH		DATE OF DEATH	
•	ALLEN EDM	ARDS		Male	May 30,	1939	June 14, 1986	
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEAT	H-COUNTY IOR STAT	E IF NOT IN CALIFORNIA)	NAME AND ADDR	ESS OF SPO	DUSE OR OTHER INFORMANT	
\$	an Diego		San Diego		Francise	M. Ed	herds - Wife	
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PE	RSON ACTING AS SUCHI	CALIFO	INIA LICENSE NUMBER	7573 Bro	okhave	n Road	
^	nderson-Regsdele	Mortuary	1	329	San Dieg	o, Cal	1formia 92114	
	TYPE C	OF PERMIT, CHECK ON	LY ONE OF THE FO	LLOWING TYPES OF	DISPOSITION			
T BURIAL (IN	CLUDES ENTOMBMENT)		ERMENT AND BURIAL BMENT)	INCLUDES	B DISINTERMEI	NT AND REI	NTERMENT OF CREMATED JRNMENT)	
	N AND BURIAL IINCLUDES INURNI	6 DISINTE	RMENT, CREMATION, DES INURNMENTI	AND BURIAL	9 DISINTERMEI DISPOSITION	NT OF CREM	ATED REMAINS AND AN IN A CEMETERY	
3. CREMATION CEMETERY	N AND DISPOSITION OTHER THAN	The second secon	2000-1600-1600-1600-1600-1600-1600-1600-		ATTACA ATTACA			
4. SCIENTIFIC			7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
Option State of the	NAME AND ADDRESS OF CEME	TERY WHERE REMAINS O	R CREMATED REMAIN	S ARE TO BE INTERRE	Ď.	COUN	TÝ.	
INTERMENT	Me. None Compte		et Street:		alifornia	i	San Diego	
CREMATION	NAME AND ADDRESS OF CREMA	TORY WHERE REMAINS AF	RE TO BE CREMATED	DATE CREMATED	Mary Committee of the C	RSON IN C	HARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON	Shoreline, or other di	ESCRIPTION SUFFICIE	NT TO IDENTIFY FINAL	PLACE AND COUNT	Y OF DISPO	OSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILI	TY RECEIVING REMAINS						
ACKNOWLEDGMENT	This is to certify that I am remains of the above name	11 DOC 52 Us 757	DOMESTIC OF THE PARTY OF THE PA	SCURSON CONTRACTOR	SIGNATURE OF APPLICANT			
OF APPLICANT	and I hereby acknowledge this permit gives no right of				DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDA OF THE CALIFORNIA HEALTH AND SA AUTHORITY FOR THE DISPOSITION SP	FETY CODE AND IS THE ECIFIED IN THIS PERMIT	3.00	JUN 1 8 1986	SIGNATURE OF LO	12	TRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	JUN 1 9 1986 (ENTER DATE)	SIGNATURE OF PE	ISON IN CHARGE OF D	RSPOSITION		IMBER OF CREMATED REMAINS IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTE	MAR OF COUNTY OF DEAT	тн.					

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

MT. HOPE CEMETERY

INTERMENT ORDER

YH / "	City of San Disease
	City of San Diego Date 6/17/86
VICE	VIE Date 911
	octed, subject to your rules and regulations, to inter the remains
of latente	B Flmento
in a	Fungral, date, time
Church, Chapel, Graveside	sport Meshly health Mortuary.
All Funeral cars must arrive before	30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. Wer time	veteran
Lot 156 Grave 11 Ac	rw Section Division/Block
Grave space & Care Fund Col	re# 12952 5500
Additional spaces and care fund	and but
Opening/Closing & Setup	4000
Burial Container	Callow
Handling Fees	an .
Flower vases - Marker setting fee .	
Recording and filing fee	
Sales taxes	······································
10) Mais	Total Due 145 2
W SA	Paid receipt number
· · ·	A Balance due
I hereby certify I am the	4. Can 12952 of the above riamed decedent
and this is your authority to make di	sposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from
	(west of 10.
I hereby authorize the interment in hold under deed.	Signeture Signeture
	Address () ()
Signature of recorded holder of deed	State Zip Code
	Telephone
	nyuu2n
Work Order # <u>E 5</u> 985	Invoice #
Work Order #	Acct. #

OFFICIAL RECEIPT



WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROO RETAIN

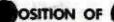
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3161

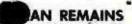
Nº 33701

	284-3101	Dete: 09-0	4 ,1066
From: (Runty of	OBT and moline	und de	Ca 92123
In Cittle Payment of	Bruin son: Cal	leron, Oc	Ids,
be Grave	Multi-	ection	Division Block
Invoice No. 43229, 44920	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Caro 77184	
W.O.E -5889,5985 6008 (A)	1001	80% Series 100 of Lots 77196	
Unpeid Balance after this Payment	1986	Bariel 100 Conspiners 77182	
Pro-Need At Need On Acct		Recording face or 100 miles, service face 77183 60101 Spice Tax 8020	35 3
Ck Cesh C	HOUSED BY DI BANG	TOTAL PAID	580 M



PERMIT FOR







USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	E BETTINCOURT PINENTA			MALE	JAN 6, 1	901	PAY 14, 1986	
PLACE OF DEATH		PLACE OF DEATH	SAN DIEG	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMATION OF THE PROPERTY CONTRACTOR				
NAME MIDARPEE	PIN AVERES, SAN DIEGO	TING AS SUCHI CALIFORNIA LICENSE NUMBER P-119			SAN DIRGO, CA 92123			
	TYPE OF PERA	NT, CHECK ONLY	Y ONE OF THE I	OLLOWING TYPES O	F DISPOSITION			
2 CREMATIO	NCLUDES ENTOMBMENT?	ENTOME ☐ 6 DISINTE	RMENT AND BURIA BMENT) RMENT, CREMATIO ES INURNMENT!		REMAINS I	B. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) B. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
3 CREMATIO CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY		'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W					COUNT	SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS AR	E TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	NE. OR OTHER DE	SCRIPTION SUFFIC	IENT TO IDENTIFY FINAL	PLACE AND COUP	HTY OF DISPO	SITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS			85			
ACKNOWLEDGMENT OF APPLICANT	remains of the above named dece- and I hereby acknowledge that tre	dent under provi spass and nuisa	on having the right to control the disposition of the ent under provisions of the Health and Safety Code, spass and nuisance laws apply and understand that cted access to property not owned by me.			SIGNATURE OF APPLICANT DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	\$3.00	JUN 1 7 198		182	RAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON DEN	1 7 1986 TER DATE)	SIGNATURE OF P	ERSON IN CHARGE OF	DISPOSITION	DISPOSER.	MBER OF CREMATED REMAIN F APPLY BLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	н		- 392			
CORV 2 IC DET	AMED BY THE BENEGAL IN CHARGE O	E THE CEMETER	W MINIERE THE I	WALL DELICATED ADV	wrengen od i	V THE OCD	ON IN CHARCE OF THE	

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

E5985 md. Leps 100 072

09/04/55 CK 04678742 77131 000072 77134 000072

145.00 90.00 55.00

MT. HOPE CEMETERY

INTERMENT ORDER

Purus

PY-583 (REV. 8-85)

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 g.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW Section . Additional spaces and care fund Opening/Closing & Setup Burial Cott-siner PE CEMETER Paid receipt number I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cometery bermless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. sture of recorded holder of deed Invoice # E 5986 Work Order # .

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•	OFFICIAL RECEIPT WASTE TO CUSTOMER CAMARY CEMETERY PRINT AUDITOR GOLDSWOOD RETAIN From: Budul Oron	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº /	33469	84
•	in Best Payment of Ale	fort on Culet Sile	Dollars (8	25°CC Bowleston	
	Invoice No	HOT VALID FOR PURPOSE STATED UNLESS STAMPED TAND IN THIS SPACE. JUN 20 808	### CREOTT ###################################	_ Block	50
•	Unpaid Belence efter this Peyment 22500 Pre-Need At Need On Acct	The state of the s	Buriel 100 Containers 77182 Recording fees or 100 mist, service fees 77183 Seltes Text 9020		
	Ck	signed the	TOTAL PAID 6	25	00

•	CANARY	TO CUSTOMER CEMETERY AUDITOR RETAIN	CITY OF SAN DIEGO. PROPERTY DEP. MOUNT HOPE (264-31	CEMETERY	Nº N	33643 3/86 8 9210	19_
	In Payment On Lot	Payment of Bu	heed Celit	100	ation	Division Block	2 (10)
	Acct. No. E-59 Unpeid Balance after this Payment		OSSSS	AUG 30	Openings & 77	100 / / O 164 / O 100 I 100 I 100 I 100 I 100 I 100 I	00
	Pre-Need At Need Ck Cash AC-212 (New 8-85)	R.	Sued by Longer	the state of the s	Market Ma	1000	00

STATE

□ check (/) if this is new address

ZIP

CITY

OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANALTY CEMETERY PINK ALIOITOR GOLDENROD RETAIN 33799 **MOUNT HOPE CEMETERY** 284-3151 Division Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED. PAID IN THIS SPACE. Invoice No. Acct. No. CITY AUDITOR Ungeid Balance ofter this Payment OCT 1 0 1986 On Acct TOTAL PAID AC-212 (Rev. 8-86)

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR From Budal Ord	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	equito 1	№ 34450 20/82/05
• • • • • • • • • • • • • • • • • • •	In Sull Payment of Control Con	Paid in full Row S NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	ection 2 CREDIT 20% Sales Care 30% Sales	Division // Block 50 00 77394 100 /35 00
	Pre-Need Lot At Need On Accident Pre-need Trust Cash Check	BSUED ST Groven Slotte	of Lote Opening/ Cheming Burisi Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Bales Tax TOTAL PAID	77184 100 77181 77182 77183 100 77183 53033 53033 5022 80101 78380 1 8500

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-86

of Tarses	bject to your rules and regulations, to inter the remains
	uneral, date, time The 1000
Church Chapel, Graveside	: XNUNWOOD Mortuary.
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
Lot 67 Grave Row	Section MAS Division/Black
	Dec 1
Grave space & Care Fund	Theneed
Additional spaces and care fund	
Opening/Closing & Setup	30.2
Buriel Container	10000
landling Fees	1450
lower vases - Marker setting fee	
Recording and filing fee JUN 2.0	
Sales taxesMI. HOPE CEM	METERY / 6
CITY OF SAN DIEG	O, CALIR. Total Due
Paid re	eceipt number 33480 6060
reenwood	Balance due
	8750
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
	- Mulach
I hereby authorize the interment in lot I hold under deed,	Significand 35 Fass Rd
Signature of recorded holder of deed	Algenie Ca 92001
	State 445 -3460 Zie Code Telephone
<u></u>	Invoice #
Wash Outles # E 5987	MARKS 500
Work Order #	Acct. #

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PARK AUDITOR GOLDENMOD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 6/2	33480	86
	From: Jarsed Mulad Co Sex Hundred Sex in full Payment of	tentre feer for Ta	Dollars ()	406°	·/
	Lot Grove		CRESOT STORY STORY	Division /	5
	W.O. E 5987 Unpaid Balance after this Payment	MOT VALID FOR TURPOSE STATED UNLESS STAMPED AUDITOR 100 26 1904 51	80% Sales 100 of Late 77184 _ Openings & 100 Service Charges 77181 _ Surial 100 Containers 77182 _ Recording fees or 100 misc, service fees 77183	320	90
	Pre-Need At Need On Acct C	18000 Seyen Statt	# 100 100	606	00

2 E5987

PERMIT FOR DISPOSITION OF HUMBI REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

		ise black ink—make no al	TERATIONS OR ERASORE	3	
NAME OF DECEDEN	ris C. Birdsall		SEX Female	Jan. 27, 190	DATE OF DEATH 186
PLACE OF DEATH—CITY OR TOWN PLACE Alpine		PLACE OF DEATH—COUNTY IOR STATE IF NOT IN CALIFORNIA!		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT	
NAME AND ADDRES	SS OF FUNERAL DIRECTOR IOR PERSON AS	TING AS SUCHI	7-8833		alifornia 92001
San	Diego, CA	WIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION	
BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND BU ENTOMBMENT)	RIAL (INCLUDES		ND REINTERMENT OF CREMATED DES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT) 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		B. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	
		7. DISINTERMENT, CREMATION, AND DISPOSITION		FOR CORONER'S USE ONLY 10. DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY W		MAINS ARE TO BE INTERRE	2 77	Sea Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	REMATORY WHERE REMAINS ARE TO BE CREMATED DAYE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY			N IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COUNTY O	F DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF and I hereby acknowledge that tresposs and nuisance laws apply and un		ealth and Safety Code,	SIGNATURE OF APPLICANT DATE SIGNED		
APPLICANT	this permit gives no right of unrestricted access to property not owned by me.				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	JUN 1 9 1980	. Morall	E. Campal, M. Dex
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	2 0 1986 SIGNATURE O	F PERSON IN CHARGE OF D		NSE NUMBER OF CREMATED REMAINS POSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH		4	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-86

You are hereby authorized and i	nstructed, subject to your r	ALCOHOLD TO THE PARTY OF THE PA	inter the remain
Roop		111111	0 2:00
in a Vault/Liner	Funeral, date, t	David J	. 0
Church, Chapel, Graveside		: pagoao	Ce Mortuar
All Funeral cars must arrive bef	fore 3:30 p.m. of regular we	ork day or an extra cha	rge will be applie
and billed to undersigned. War	time veteran		
la s		7	,,
Lot , Grave	_ Row Section	Division/	Block
			250
Grave space & Care Fund			
Additional spaces and care fun	d ,	******	
Opening/Closing & Setup			3209
Burial Container			1000
trans e			145
Handling Fees			
Flower vases - Marker setting f	ee		- 200
Recording and filing fee			<u>55</u>
Sales taxes		,	6
		Total Due	856
0 01	Paid receipt number	22476	3,00
9-86 0/14	#33542-	<u> </u>	551
1/19/06	# 33372°	Balance	due 300
			72156.0
I hereby certify I am the and this is your authority to ma	ke disposition of remains a		e named decede
that I have the right to make this any liability on account of said :	authorization and lagree t	to hold Mt. Hope Ceme	tery harmless fro
any nating on account or said	SOLITORIZAÇION AND INTERING	, D	
I hereby authorize the intermen	nt in lot I	atie Reech	allere
hold under deed.	Signatur	5157 JU	seel And Ot
9) OTIL BULL	Ton Addison	ofil	02111
3-dustrius de Lacoudae pondes, de pand	State	19/10/	70119
	Telepho	w 6 6006	01
	3150000	· ·	7
	Invoice	0440	117
Work Order # E 5988	111701	017	1.0
Work Order # E 3900	Acct.	H [] []	101

a)	NOIE-	STRAIGHT		
:53600	San Diego,	, California,	ine 20	19.86
	days after	date, for value received, the	undersigned maker(s) promi	ise(s) to pay to
Mt. Hope Cemetery	or San Diego City	Treasurer		
		WXV		, or order
ai	San Diego, CA 921		7	
7 0	1/1/ /	ix and no	1100-	_ DOLLARS
7	uly 20,1986		on the unpaid principa	al at the rate o
12 per cent per a	nnism, payable <u>on dema</u>	nd		
Should interest not be paid winterest when due, the whole sum holder of this note. Interest after munited States. Each maker will be hereof before, at or after maturity, a person who signs this note agrees action be instituted on this note, to	naturity will accrue at the rate ind jointly and severally liable and c and waives presentment, demand that recourse may be had again:	ist shall become immediate dicated above. Principal and onsents to renewals, replated and protest and the right ist his /her separate proper ay such sum as the Court	ily due, without notice, at the d interest are payable in lawfu dements and extensions of time to assert any statute of limitati by for any obligation contained	e option of the ul money of the ne for paymen ions. A married
	AT MT. HOPE CEMET		Mailing Add	rese

MAN REMAINS E5988 POSITION OF

	assessment to the same of	JSE BLACK INK—MAKE NO ALTE	rations or erasur	ES							
NAME OF DECEDEN	DARRELL DWAYNE S	EXTON	SEX Male	April 12, 1963	June 14, 1985						
PLACE OF DEATH-	CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY FOR ST.	90-100-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Katie Lee Sext	TO BE STORY OF THE PARTY OF THE						
NAME AND ADDRES	Anderson-Ragadale No	Selection of the select	ORNA LICENSE NUMBER	5157 Groveland Sam Diego, Cal							
	TYPE OF PER	MIT, CHECK ONLY ONE OF THE F	OLLOWING TYPES O	F DISPOSITION							
1 BURIAL (INCLUDES ENTOMBMENT) 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY FOR CORONER'S USE ONLY 10 DISPOSITION PENDING							
						INTERMENT	NAME AND ADDRESS OF CEMETERY V	HERE REMAINS OR CREMATED REMA 3751 Northet St.; Se	이 시민들은 이 사람들이 아니는 사람들이 아니는 이 사람들이 없는데 없다.	NOTE: THE PROPERTY OF THE PROP	San Diego
						CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY
"BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	INE, OR OTHER DESCRIPTION SUFFICE	ENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DIS	POSITION						
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS									
ACKNOWLEDGMENT OF This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I have a released to the safety code.		SIGNATURE OF APPLICANT DATE SIGNED									
APPLICANT	this permit gives no right of unres	tricted access to property not owne	d by me.								
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE N THIS PERMIT 3.00	JUN 2 0 1986		MAR ISSUING PERMIT						
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUN DISPOSITION WAS MADE ON	2 0 1986 SIGNATURE OF P	ERSON IN PHARGE OF E	DISPOSITION LICENSE I	NUMBER OF CREMATED REMAINS , IF APPLICABLE						
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH		<i>37</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. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

INTERMENT ORDER

City of San Diego

Date 6/19/86

You are hereby authorized and instructed, sul	bject to the rules and regulations	, to inter the remains
in a Bell Line Fr	uneral, date, time IPM -O	ulet 4/21
Church, Chapel, Graveside	&S. Cypus Vi	
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra cl	harge will be applied
and billed to undersigned. War time veteran	No.	
Lot 52 Grave 10 Row -	Section Divisio	n/Block 7
Grave space & Care FundCan	+ Sean	59500
Additional spaces and care fund	no	m
Opening/Closing & Setup		320 =
Burial Container . Bell Conut.	Live	1000
Handling Fees	1 2 2 1	14500
Flower voces . Marker setting fee . Sa A	L.O. Toky	3800
Recording and filing fee		33.00
Sales taxes		600
Baldree By 923	Total Due	1581.00
PAID Paid	eceipt number 23474	300,00
Les Les	Balanc	e due /28/.00
101 16-14x	33202-	12000
I hereby certify I am the and this is your authority to make disposition that herethan hard Placeto the disposition any flatting on account to the control of the control o	of remains as above indicated. I	ove named decedent certify and represent netery harmless from
	Jennis 1	1º 9/00
I hereby authorize the interment in lot I hold under deed.	3712 66 AL	eld St.
Signeture of recorded holder of deed	Dan Messo	92105
	Telephone 619-5	584-2211
	Invoice # 040	1419
Work Order # E 5989	Acct. #	770

JUL 17'86 PAID #2

07/17/86:231002 1281-00 MVS

IN 044419

OFFIC	WHITE TO CUSTOMER CANANY CEMETERY CANANY CEMETERY AUGITOR GOLDENROD RETAIN	-CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 6/19	33474	
From:	Lennis M' Lee hue Sundul ant payment of Dr	terment feer on Cran	pield It	30000 - du	
Lot	52_ Grave_		7 oction	Division 7	
Acct N	E-5989	HOT VALID FOR PURIFICE STATES (IN LINE STANDARD TARY IN THE SPACE. JUN 23 1986	2005 Sales Care 77194 2015 Sales Care 77194 2015 Sales 77184 Openings & 100 Sarvice Charges 77181	300	00
after th			Buriet 100 Condainers 77182 Recording fees or 100 misc. service fees 77183 60101 Enter Tex 5020		
Ck AC-2120	Ceah 🔼	som Seryen State	States Tax 6020 _ TOTAL PAID 6 _	300	00

OFFICIAL RECEIPT * WHITE TO CUSTOMER CAMARY CEMETERY PRINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33556
From: Lounis M' Lee Twelve Hundy En In fell Payment of	letone 3142 Clenfer	Dote: 1/6 1986 PLT SD. 9210 Dollars (e 128/92 n° Lue - Lee 6/1-
Lot 52 Grave Invoice No. 044419	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE.	Division
W.O. E 5989 Unpeid Belance after this Payment	6 1986	80% Sales 100 of Lata 77184 Openings & 100 Sarvice Charges 77181 Buriel 100 Containers 77182 Recording face or 100 miss, service fees 77183
Pre-Need At Need On Acct Ck Cash Acceptance	Some State	### Tes #### 128/ 90

E5989

PERMIT FOR SPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Craig Steven A	ic Geo	SEX Male	Nov. 7, 1965	June 17, 1986
	Diego	Sen D	Y IOR STATE IF NOT IN CALIFORNIA	Allan McGoe -	
	S OF FUNERAL DIRECTOR ION PERSON	53 imperial a Diego, CA.	CALIFORNIA LICENSE NUMBER 670	3230 Menlo Av San Diego, CA	This compression
	TYPE OF PER	MIT, CHECK ONLY ONE O	OF THE FOLLOWING TYPES (OF DISPOSITION	
1 BURIAL (IN	CLUDES ENTOMBMENT)	. D 5 DISINTERMENT AI	NO BURIAL IINCLUDES	8 DISINTERMENT AND RE	
101/201 (M15/0015000) 101/1	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, C		9 DISINTERMENT OF CRE DISPOSITION OTHER TO	
3 CREMATION CEMETERY 4 SCIENTIFIC		2 DISINTERMENT, COTHER THAN IN	REMATION, AND DISPOSITION A CEMETERY	FOR CORONE	R'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY V		ED REMAINS ARE TO BE INTERE	A. Sa	n Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE C	REMATED DATE CREMATED	SIGNATURE OF PERSON IN C	CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION	N SUFFICIENT TO IDENTIFY FINA	L PLACE AND <u>COUNTY</u> OF DISP	POSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of espass and nuisance laws	he Health and Safety Code, apply and understand that	SIGNATURE OF APPLICANT DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IN THE \$3.0	JUN 2 0 1986	. Atonall &. a	PAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNAT	OF PERSON IN CHARGE OF	DISPOSITION LICENSE N	IUMBER OF CREMA ED REMAIN. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	Q	,	

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

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

PAID INVOICE REPORT BY DEPARTMENT AS OF 07/22/86

DATE: 07/22/86 TIME: 010337 PAGE: 6

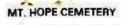
DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	J/0	PAYM DATE OPER	PD BY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BELLED	UNPAID BALANCE
D444 19	E 59	89	LENNIE MC 100 100 100 100 60101 67007	GEE 072 072 072 072		7718 1 7718 2 7718 3 7718 4 9020 7718 4	000 07 000 07 000 07	72	5 CA		1.281.00 320.00 100.00 560.00 176.00 6.00	1,281.00	PAID IN FULL

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

1.281.00



INTERMENT ORDER

City of San Diego

Date 6-19-86

Vault/Lin	Funeral, date, time	8 -
Church, Chapel, Graveside	> forme	Mortua
All Fyneral cars must arriv	e before 3:30 p.m. of regular work day or an extr	a charge will be appli
d billed to undersigned.	War time veteran	
39 0000	Row Section LOOF Day	inima /Block 24
Tot Glave	How Section 2 2 2	O C
Grave space & Care Fund		Trance
Additional spaces and care		
Opening/Closing & Setup	IPAID	105
Burial Container		40
Handling Fees	JUN 19)98/1	60
	ing to MT. HOPE CEMETERY.	
	CITY of SAN DIEGO, CALIE.	35
Recording and filing fee		
Sales taxes		2//2
00 01	Total Due	2/12
14-86	Paid receipt number	dra
54,949	Bal	ance due
hereby certify I am the _		above named decede
and this is your authority to	make disposition of remains as above indicate	d. I certify and represe
nat I have the right to make any liability on account of	e this authorization and lagree to hold Mt. Hope (said authorization and interment.	Jemetery narmiess in
	and all	J. A.K.
hereby authorize the inte		111.00
	Harrison Horrison	0-0000
Hacquelin B	10 41 4	
Hat fuel By Bellevier of felicities of bellevier of felicities holder of deed E	resulting makings	CA.43103

OFFICIAL RECEIPT CITY OF SAN DIESO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33475 **MOUNT HOPE CEMETERY** PINK AUDITOR GOLDENROD RETAIN 264-3161 Grave NOT VALO FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No CITY AUDITOR **BOY Sales** 77184 Acct. No of Loss Openings & Service Char Unpaid Balance after this Payment On Acct Saint Tox ISSUED BY TOTAL PAID AC-212 (Nov. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5990

USE BLACK INK MAKE NO ALTERATIONS OF ERASURES

INA HOLD	ER SNODGRASS		Female	June 9, 1943	June 14, 1986
PLACE OF DEATH—C Lakeside	Contraction of the Contraction o	PLACE OF DEATH—COUNTY San Diego	OR STATE IF NOT IN CALIFORNIA	Jacquelyn B.	SPOUSE OR OTHER INFORMANT Hanson - Executrix
	s of funeral director for person accemon Grove Mortuary	TING AS SUCHI	F 941	4442 Conrad La Mesa, CA	
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	OF DISPOSITION	
1. BURIAL IIN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL HINCLUDES	8. DISINTERMENT AND REMAINS IINCLUDE	REINTERMENT OF CREMATED S INURMAENT!
_	N AND BURIAL IINCLUDES INURNMENT)	6. DISINTERMENT, CREM (INCLUDES INURNME	ATION, AND BURIAL	9 DISINTERMENT OF DISPOSITION OTHE	CREMATED REMAINS AND R THAN IN A CEMETERY
3. CREMATION CEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CREM OTHER THAN IN A C	MATION, AND DISPOSITION EMETERY	FOR CORO	NER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W Mount Hope Cemetery	HEBE BEMAINS OR CREMATED 3751 Market Str San Diego, CA	REMAINS ARE TO BE INTERP	AL.	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W 14065 O Leneda, Inc. El Cajo	HERE REMAINS ARE TO BE CREN	CHIPIEL	SIGNATURE OF PERSON	N CHARGE OF CHEMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	N/A		UFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under provisions of the espass and nuisance laws or	Health and Safety Code, ply and understand that	SIGNATURE OF APPLICAL DATE SIGNED	NT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE & TOO	DATE PERMIT ISSUED UN 1 8 198		EGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	C/2c/PL SIGNATURE	PERSON IN CHARGE OF	DISPOSITION LICENS	SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	٥		

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

INTERMENT ORDER

City of San Diego

	City of San Diego	
	D	ete 6-19-86
in a Vault/Liner Church, Chapel, Graveside All Funeral cars must arrive b and billed to undersigned. Wa	RowSection 100	ru 920 3:00 ruly Mortuary. ran extra charge will be applied F. Division/Block 24
Handling Fees	JUNI 19 19 19 19 19 19 19 19 19 19 19 19 19	
Sales taxes	Total D Paid receipt number	242 40 3475 242 40 Balance due — 0 —
that I have the right to make the arry liability on account of sain	nake disposition of remains as above his authorization and lagree to hold M d authorization and interment.	_ of the above named decedent indicated. I certify and represent
hold under deed. 1019 Hold Stylisture of recorded trades of basel	The State of	199-3212
Work Order # E 5990	Invoice #	

INTERM	ENT ORDER
Vally office, city	of San Diego
me to 6/25/86	Date 6-19-86
	ject to your rules and regulations, to inter the remains
2 1/2 1/3	ma smith & print of the state o
Church, Chapel Graveside	Mortuery
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	
Lot 284 Grave 2 Row	Section / Division Bleek 7
Grave space & Care Fund	Pagnan
Additional spaces and care fund	
Opening/Closing & Setup	AID 1050
Burial Container	710 400
Handling Fees	25 1986 600
Clause many Markey setting (4)	PE CEMETERY OF
	N DIEGO, CALIE.
Sales taxes	2//240
alled by 1-25	5-86 Total Due
ulie andrews Paid re	ceipt number 33487 242
448-91,89	Belance 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 and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	J. () Drail
hold under deed.	7243 Timber Lo 100
Signature of recorded holder of deed	Maple Chance Mr 5536 Starta
	51112 012 - 424 - 23 25 Telephone
	Invoice #
Work Order # E 5991	Acct. #

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CRAFTERY PINK ALDITOR GOLDENROD RETAIN

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

N2 33489

From K. A Smith	rasty teon and 41,	9 Dete: 6-65 0011-71109 Dollars (9	10 (Fr. 11 (N)
In 284 Grow	Z M	ortion_//	Division 7
Acct. No.	— GID! And 619	20% Sales Care 77184 60% Sales 100 of Loss 77184	
W.O E - 5991		Openings & 100 Service Charges 77181	1050
Unpaid Balance after this Payment	JUN 38 1986	Gertalinare 77162	4000
Pre-Need At Need On Acct		Recording fees or 100 and 77955 80101 Selection Fee 8030	24
AC-212 (Rev. 9-86)	BOURD OF GOING	TOTAL PAID .	2424

E5991

Certificate of Cremation

EUNICE TIONA SMITH	
October 12, 1889)
October 29, 1984	
Sex	Female
pe, MN	
	October 12, 1889 October 29, 1984

METROPOLITAN CREMATURY

Minneapolis, Minnesota

by allan Leftsgard

E5991

This package contains the

cremated remains of:

EUNICE I. SMITH

Metropolitan Crematory
Minneapolis, Minnesota

INTERMENT ORDER

City of San Diego

Date 6-19-86

1 guilling	· Juller X) /
na Fin	neral, date, time Monde	4 6/30
Church, Chapel, Graveside Deliner	70-1.1	,
The state of the s		Mortuar Mortuar
All Funeral cars must arrive before 3:30 p.m/s	of regular work day of an extra charg	e will be applie
and billed to undersigned. War time veteran	- Dupby-	
170 - 24	7-1	. 11
ot / C Grave Q / Row	Section Division /B	lock _ Z /
Grave space & Care Fund		215
**************************************		VIII
Additional spaces and care fund	A I I'S	inco
Opening/Closing & Setup	4.1.1	100
Burial Container	10.00	***
landling FeesJUN	17 (718)	**
lower vases - Marker setting fee	PE CEMETERY.	
Recording and filing fee CITY of SA	N DIEGO, CALIF.	35
Sales taxes	AND LOD LOD COMPANION CONTRACTOR	
Column Interior Column		
	*******	355
ic al	Total Due	355
ic al	Total Due	355
ic al	22447	* - 0 322 322
-19-86 Paid re	ceipt number 33477 Balance de	
19-86 Paid re	ceipt number 33477 Balance du	named decede
hereby certify I am the Wall ind this is your authority to make disposition that I have the right to make this authorization.	Balance du of the above of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decede
hereby certify I am the Wall ind this is your authority to make disposition that I have the right to make this authorization.	Balance du of the above of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decede
hereby certify I am the Will have the right to make this authorization and liability on account of said authorization and hereby authorize the interment in lot I	Balance du of the above of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decede
hereby certify I am the Will have the right to make this authorization and liability on account of said authorization and hereby authorize the interment in lot I	Balance du of the above of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decede
hereby certify I am the Willed I and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	Balance du of the above of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decede
hereby certify I am the Wille and this is your authority to make disposition of	Balance de of the above of remains as above indicated. I cert and lagree to hold Mt. Hope Cemete and interment. Day Fully Signature 3 3 5 7 4 57 Address CA	named decederify and represery harmless fro
hereby certify I am the Willed I am the wind this is your authority to make disposition that I have the right to make this authorization may liability on account of said authorization in hereby authorize the interment in lot I hold under deed.	Balance de of remains as above indicated. I cert and lagree to hold Mt. Hope Cemete and interment. Darry Fully Signature 3 35 TA Ag	named decede ify and represe ry harmless fro
hereby certify I am the white disposition of this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	Balance de of the above of remains as above indicated. I cert and lagree to hold Mt. Hope Cemete and interment. Darry Fully Signature Ca Sig	named decederify and represery harmless fro
hereby certify I am the Willed I and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	Balance de of the above of remains as above indicated. I cert and lagree to hold Mt. Hope Cemete and interment. Dancy 7 mlls Signature 23 35 74 57 Address Ca Siene 233 4876 Telephone	named decede

OFFICIAL RECEIPT CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY **MOUNT HOPE CEMETERY** GOLDENROO RETAR 264-3161 Payment of Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED Invoice No TY AUDITOR SON Sales Acct. No JUN 23 1986 **Unpeid Balance** after this Payment On Acct Pre-Need TOTAL PAID AC-212 May, 8-861

PERMIT FOR SPOSITION OF HUMAN REMAINS E5992

USE BLACK-MAKE NO ALTERATIONS SERASURES

NAME OF DECEDEN	r		SEX	DATE OF BIRTH	DATE OF DEATH		
LUILING STORY	JIMMY CLYDE FUL		Male	Feb. 15, 1936			
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY	IOR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT		
	n Diego	San Dieg	0	Daisy Fuller - Wife			
	S OF FUNERAL DIRECTOR IOR PERSON AC		CALIFORNIA LICENSE NUMBER	330 North 35t	h Street		
And	<u>derson-Ragsdale Mortua</u>	ary	1329	San Diego, Ca	lifornia 921 <u>02</u>		
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION			
1 BURIAL (IN	CLUDES ENTOMBMENT!	5. DISINTERMENT AND ENTOMBMENT!	BURIAL (INCLUDES	8. DISINTERMENT AND REMAINS INCLUDES	REINTERMENT OF CREMATED		
	N AND BURIAL (INCLUDES INURIMMENT)	B. DISINTERMENT, CRE		9. DISINTERMENT OF CONTROL OF CON	REMATED REMAINS AND THAN IN A CEMETERY		
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY			
INTERMENT	NAME AND ADDRESS OF CEMETERY W	3751 Market Stre	et; San Diego, (alifornia	San Diego		
CREMATION	NAME AND ADDRESS OF CHEATERY W Leneda Inc.El Cajon,	Hae emansas Jose ; California	MATED DATE PREMATED	SIGNATURE OF PARON I	N CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	ISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tr	dent under provisions of the	• Health and Safety Code,	SIGNATURE OF APPLICANT DATE SIGNED			
AFFLICANI	this permit gives no right of unrest	tricted access to property no	owned by me.				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COE AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	JUN 2 0, 18	is words	ESTED ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED OISPOSITION WAS MADE ON		OF PERSONAL COMPANIES		E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	SOUNTY OF DEATH	0		<u> </u>		

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

INTERMENT ORDER

MT HI	OPE CEMETERY
1	MENT ORDER
remains city	of San Diego
in Want in	aab (20-01
or vaccin in	Date 0 - ac 86
You are hereby authorized and instructed, sut	bject to your rules and regulations, to inter the remains
of Peter D.	Jacobs &
in a Fu	uneral, date, time Mon 630 Upondu
Church, Chapel, Graveside Delia	ery 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	
Cot 2/0 Grave Row	Section 4 Division/Black 8
Grave How	Section Division/Black
Grave space & Care Fund	Trenere
Additional spaces and care fund	
Opening/Closing & Setup	105
Burial Container	AID =
Handling Fees	
Flower vases - Marker setting fee	IN 20 1986
Recording and filing fee	DPE CEMETERY 350
Sales taxes CITY of	SAN DIEGO, CALIF.
alled by 6-20	- 86 Total Due
Paid re	eceipt number 33479 140
uth y quest	Balance due O
I hereby certify I am the	of the above named deceden
and this is your authority to make disposition	of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	
I hereby authorize the interment in lot I	Tell In the obe
hold under deed.	572/3 Brent St
Signature of recerded holder of deed	Son Dieas CA 92120
	State 619-2-86-8348 Zip Cod
	Telephone
San Control of Control	Invoice #
Work Order # E 5993	Acct. #
THUR WIND A OF	AUG. II

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33479 MOUNT HOPE CEMETERY PWIK AUDITOR GOLDENROD RETAIN 264-3151 Division STATED UNLESS STAMPED Invoice No. 77184 SON Solos ACCE NO. Unpaid Balance after this Payment Recording fees or On Acct Pre-Need Spins Tax

AC-212 May, 8-86)

TOTAL PAID

PERMIT FOR PASPOSITION OF HUMAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OF ERASURES DATE OF BIRTH NAME OF DECEDENT SEX DATE OF DEATH 01-05-1914 June 18, 1986 PETER DALTON JACOBS Male PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ruth Jane Jacobs (Wife) San Diego San Diego 5723 Bounty Street NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA LICENSE NUMBER San Diego, CA 92120 Humphrey CV Mortuary-855 Broadway-Chula Vista, CA F-964 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION 1. BURIAL (INCLUDES ENTOMBMENT) 5. DISINTERMENT AND BURIAL IINCLUDES B. DISINTERMENT AND REINTERMENT OF CREMATED ENTOMBMENT REMAINS IINCLUDES INVRIMENT) MY 2. CREMATION AND BURIAL (INCLUDES INURNMENT) 8. DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7. DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY A SCIENTIFIC USE ☐ 10. DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT San Diego Mt. Hope Cemetery 3751 Market St. San Diego, CA NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED COSTAL CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED D SIGNATURE OF PERSON NUCHARGE OF CREMATORY CREMATION 415 E. Orange Grove Blvd. -Pasadena, CA JUN 2 0 1986 ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION BURIAL AT SEA OR DISPOSITION OTHER N/A THAN IN A CEMETERY OF CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING HEMAINS SCIENTIFIC N/A USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the **ACKNOWLEDGMENT** remains of the above named decedent under provisions of the Health and Safety Code. and I hereby acknowledge that trespose and nuisance laws apply and understand that DATE SIGNED **APPLICANT** this permit gives no right of unrestricted access to property not owned by me. AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE \$3 REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS REMAIT CERTIFICATION I CERTIFY THAT THE SPECIFIED LICENSE NUMBER OF CREMATED REMAINS OF PERSON IN CHARGE DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE OF DISPOSITION INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEAT IF DISPOSITION IS TO OCCUR IN

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSI-TION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

ANOTHER COUNTY

7	27 N 15 T
ming _	
Mom MT. H	IOPE ČEMETERY
Oregon INTERN	MENT ORDER
Souland Tuneral City	of San Diego
origiand tunital	12-20-86
0 stone	Date O 20 0
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Senneth	Laves Davis
2000	uneral, date, time Mon 6/23 11:00
Church, Chapel Graveside	Qual 1)
	Mortuary.
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	*** =
Lot 358 Grave Row	Section Division/Block
III ANNATA COLUMN TALL CONTRACTOR	Domand
Grave space & Care Fund	Trancea
Additional spaces and care fund	20,00
Opening/Closing & Setup	320
Burial Container	10000
Handling FeesJUN 23	1991
Flower vases - Marker setting fee	1104
Recording and filling fee MT. HOPE CEM	AETERY 35 PO
Sales taxes CITY of SAN DIEC	O, CALIF.
Dalla Dein	Total Due
Called My	receipt number 33 485 606°
ms. novel	tion of the second seco
med	Balance due
I hereby certify I am the	of the above named decedent
	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	x Charlotte & Davis
hold under deed.	4232 Perones Drie
Signature of recorded holder of deed	Sum Diana Cal. 9 2105
93	State 2 SAL Jolo 3 /c
	Telephone Telephone
	W 1 25 W
Work Order # E 5994	Invoice #
Work Order #	Acct. #

	OFFICIAL RECEIPT WHATE TO CLUSTOMER COMMANY CHIEFTY COLDEMNOO RETAIN	CITY OF SAN DIESO, CALIFORNIA PROPERTY DEPARTMENT MOUNT NOPE CEMETERY 264-3151	Nº/2	33485
	From Marlott Have	in 4232 Reput	Dete: 6/0.	100
7	in full Payment of An	tunent feer for Ken	Save Cot	14 Parkines
•	Lot _/358 Grave_	NOT VALID FOR COMOSE STATED UNLESS STAMPED	CREDIT 57007 20% Sales Core 77184	Division /O
	W.O. E- J994 Unpeld Balance	JUN 26 MONTOS	60% Seles 77184	320 00
and the second	Pre-Need At Need On Acct	01 00	Berief Containers 77182 Recording less or 100 miss. cervice fees 77183	100 00
	Ck XD Cash D AC-212 (Nov. 8-88) 6-1-3	Sojultett	Solor Tom SOLO	60600

.

SUPPLD IN FOR DITEMENT

PERMIT FOR SPOSITION OF HEAN REMAINS

		SE BLACK INK-MAKE NO A	LTERATIONS OR ERASUR	ES	E	5994	
NAME OF DECEDEN	M LOUIS DAVIS		SEX Wale	Dec. 25.	1947	June 14, 1986	
Eugene O		Oregon	validation and the state of the		e G. D	OUSE OR OTHER INFORMANT AVIS - HOLDER	
NAME AND ADDRES	SS OF FUNERAL DIRECTOR ION PERSON AS LINET -4094 University	Ave.—Sen Diego	ALIFORNIA LICENSE NUMBER	4232 Pep Sen Dieg	W. S	•	
	TYPE OF PERA	WIT, CHECK ONLY ONE OF TH	HE FOLLOWING TYPES O	F DISPOSITION			
1. BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BE ENTOMBMENT)	URIAL (INCLUDES		ENT AND RE	INTERMENT OF CREMATED URNMENT)	
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMA	ATION, AND BURIAL	9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY			
INTERMENT	NAME AND ADDRESS OF CEMETERY W			102	Sa	n Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	THERE REMAINS ARE TO BE CREMA	TED DATE CREMATED	SIGNATURE OF F	PERSON IN C	HARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY IF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHOREL	ine, or other description sui	FFICIENT TO IDENTIFY FINAL	PLACE AND COUN	ITY OF DISP	OSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		-2			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	lealth and Safety Code, ly and understand that	b				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE 2.00	JUN 2 0 198	SIGNATURE	OCALES ALL	ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	23/No SIGNATURE	OF PERSON IN CHARGE OF	SPOSITION		UMBER OF CREMATED REMAIN IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	1				

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

INTERMENT ORDER

City of San Diego

Date 6-23-86

of Bell Line -	Euneral, date, time Zuces	924 113
Church, Chapel, Graveside	W. S.S. Sew	CO Mortuan
	e 3:30 p.m. of regular work day or an ext	a charge will be applied
and billed to undersigned. War tin	-1/0 -	
111	,	P
Lot 095 Grave	Row Div	ision/ Stock
C		Bone
Grave space & Care Fund	PAID	
Additional spaces and care fund		3200
Opening/Closing & Setup	JUN 2 3	lon 6
Burial Container		11100
landling Fees	MT. HOPE CEMETERY.	
Flower vases - Marker setting fe		300
Recording and filing fee	. * * * * * * * * * * * * * * * * * * *	<u> </u>
Sales taxes		6
Mad les	Total Due	606
	3348	4 606
wed by.	Paid receipt number 27 0	
nn@ Leidis	1M	ance due
nn E Leidis	1M	lance due
	Wife of the	above named decede
ind this is your authority to make hat I have the right to make this au	of the disposition of remains as above indicate uthorization and lagree to hold Mt. Hope	above named decede
ind this is your authority to make hat I have the right to make this au	of the disposition of remains as above indicate uthorization and lagree to hold Mt. Hope	above named decede
ind this is your authority to make hat I have the right to make this au iny liability on account of said aut hereby authorize the interment i	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede
ind this is your authority to make hat I have the right to make this au iny liability on account of said aut hereby authorize the interment i	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede
ind this is your authority to make hat I have the right to make this au iny liability on account of said aut hereby authorize the interment i hold under deed.	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede
ind this is your authority to make hat I have the right to make this au iny liability on account of said aut hereby authorize the interment i hold under deed.	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede
ind this is your authority to make hat I have the right to make this au iny liability on account of said aut hereby authorize the interment i hold under deed.	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede
and this is your authority to make that I have the right to make this au any liability on account of said aut hereby authorize the interment i hold under deed.	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment. In lot I Signature January January	above named deceder
hereby certify I am the and this is your authority to make that I have the right to make this as any liability on account of said authorize the interment i hold under deed. Signature of recorded holder of deed	disposition of remains as above indicate uthorization and lagree to hold Mt. Hope thorization and interment.	above named decede

MOUNT HOPE CEMETERY

		9	-15- 19	69
The undersigned h	ereby requests and au	thorizes the intermen	cremated tof the remains of Sec.	. 4
- Macous	in accordance with an			
governing said in	terment in Mount Hope	Cemetery, and certif	ies and represents	
that he or she ha	s the legal right to	make such authorizati	on and agrees to	
hold Mount Hope C	emetery harmless from	any and all liabilit	y on account of	
said authorizatio	The state of the s	0.		
Monde	on	5455 Jake	Morray Blod	to me
		Lot oun	ex	42041
Signature of rela	tive or legal	authority to sig		
Ne	Phille	00	and 1. It	
Wi	thees	Double	union Wil	106
		PAOCO	on in buth	Jemy
W4	tness			0

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PARK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº /a/a	33484
From Junia Sileon	Address 870/ Masa	Date: 0 76 - So Dollars to	606°°
In Seell Payment of A	terment feer for O.	-/-	Division &
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PARO IN THIS SPACE OF THE STATE OF THE STAMPED AUGUST AU	CREDIT 87007 20% Sales Care 77184 20% Sales 100	Block
Unpeid Belance	JUN 26/9 POR	Openings & 100 Service Charges 77181	320 00
Pre-Need At Need On Acct	***	Recording Sees or 100 misc. service Sees 77183	18000
Ck 25 Ceeh C	ISSUED BLOY WITH	Sales Tax 80101 8020 TOTAL PAID	606 00

2.75

'PERMIT FOR

		USE BLACK I	MK-MAKE NO	ALIERATIONS OR E	KASUKES					
NAME OF DECEDEN	π			SEX		DATE OF BIRTH	S	DATE OF DEATH June 20, 1986		
ODOS HIKINDO	ON GXDINON			male	- 1	Oct 18,	1901			
PLACE OF DEATH-	CITY OR TOWN	PLACE OF D	EATH-COUNTY	NTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OF			SPOUSE OR C	THER INF	ORMANT	
Kl Cajon		Sen Die		Junia M. Gideon -				•		
	SS OF FUNERAL DIRECTOR (OR PERSON A			CALIFORNIA LICENSE NUI		8701 Mes Santee,	1000	- D (D) (M)		
	TYPE OF PER	MIT, CHECK	ONLY ONE OF	THE FOLLOWING TY	PES OF	DISPOSITION				
T BURIAL (IN	ICLUDES ENTOMBMENT)		SINTERMENT AND TOMBMENT)	BURIAL TINCLUDES	E	8 DISINTERN REMAINS		REINTERMENT INURNMENT)	OF CREM	IATED
2 CREMATIO		SINTERMENT, CRE	MATION, AND BURIAL ENT)		9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				5	
☐ 3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	П 7 DIS	CINTEDMENT COL	MATION AND DISPOSIT	TION T	EOB	CORON	ED'S HEE	ONLY	
4 SCIENTIFIC USE		OTHER THAN IN A CEMETERY		199800	FOR CORONER'S USE ONLY 10. DISPOSITION PENDING					
INTERMENT	NAME AND ADDRESS OF CEMETERY V			3일 1시간 경기를 가게 되지 않는데 없었다.	The meanings		F.3 15 F-55 S	INTY an Dies	ю	
CREMATION	NAME AND ADDRESS OF CREMATORY V	WHERE REMAIN	IS ARE TO BE CRE	MATED DATE CREMA	TED	SIGNATURE OF	PERSON IN	CHARGE OF	CREMATO	IRY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHE	R DESCRIPTION	SUFFICIENT TO IDENTIF	Y FINAL P	LACE AND <u>COU</u>	NTY OF DE	SPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMA	NS							180
	This is to certify that I am the pe	rson havina	the right to co	ntrol the disposition o	of the	SIGNATURE OF	APPLICANT			
ACKNOWLEDGMENT OF	10 TO THE RESERVE TO THE PARTY OF THE PARTY	remains of the above named decedent under provisions of the			E4. 40000					H
APPLICANT	, 사람들이 1일 시간 : 1 전 10 10 10 10 10 10 10 10 10 10 10 10 10		espass and nuisance laws apply and understand that ricted access to property not owned by me.		that	DATE SIGNED				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	AMOUNT OF FEE	JUN 23	1986	SIGNATURA	AL L	STOUR ISSUI	MS	mh
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	24/8		E OF PERSON IN SHAR	GE OF DIS	POSITION		NUMBER OF R, IF APPLICA		D REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF		1 ~	8-0-2040		all'o			

COPY 2 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 UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

INTERMENT ORDER

City of San Diego

Date 6/23/86

MAN SERVICE STATE OF THE SERVI	
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Kenne tuth	Wilburn,
ina Line Fi	uneral date, time 6/25/2P.M - Ubd
Vault/Liner (1)	different 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	160
and billed to undersigned, war time veteran	
Lot 9/ Grave Row -	Section Division/Stant
COI Grave How	Section Division/Week
Grave space & Care Fund	hed # E-270L ==
Additional spaces and care fund	/ None
Opening/Closing & Setup	3202
Burial Container Bell hum	in 100°
BAYOWO AIRWOO	11/00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filling fee.	35 %
PAIII	1 00
Sales taxes	7-700
111103	Total Due 606 2
JUN 23	eceipt number 33483 606.80
MT. HOPE CEMETERY	
CITY of SAN DIEGO, CALIF.	Balance due
	DAGE AND DESCRIPTION OF THE CONTRACT OF THE CO
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization	n and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	XD livia R Woman
hold under deed.	Signatur
	Address O O .
Signature of recorded holder of deed	539 Olivew and JHD
	State Zip Code
	Telephone
EFOOG	Invoice #
Work Order # E 5996	Acct. #
PY-583 (REV. 9-85)	SAMPLE AND ADDRESS OF THE PARTY

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PHIK AUDITOR GOLDENROD RETAIN From Olune Warren From O	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3161	Date: 6	1	3483 3	86
4.4	In full Payment of In	turned feel for Pays	Burn 1	UNGA	Division	ee 7
	Acct. No	HOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE TO AUGUSTOR	CREDIT 20% Sales Care 80% Sales of Los Openings & Service Charges Burist Containers	87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183	320 /80	00
	Ck Cash &	such early little	TOTAL PAID		606	00

PERMIT FOR POSITION OF HEAN REMAINS

E5996

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T			SEX	DATE OF BIRTH		DATE OF DE	ATH
W.	BENNIE RUTH	WILBURN	7	Female	Nov. 4,	1931	June 2	1, 1985
PLACE OF DEATH-	10000 CONTRACTOR	PLACE OF DEAT		TE IF NOT IN CALIFORNIA				Street respondency
San	Diego		San Diego		011v1a W			
	SS OF FUNERAL DIRECTOR (OR PERSON AC		CALIFO	ORNIA LICENSE NUMBER	529 011v			
- And	erson-Ragsdale Mortue:	y	- 1	1329	San Dieg	o, Call	formia	92113
2	TYPE OF PERA	AIT, CHECK ON	LY ONE OF THE F	OLLOWING TYPES C	OF DISPOSITION			
1 BURIAL IIN	CLUDES ENTOMBMENT)		ERMENT AND BURIA	. (INCLUDES	B. DISINTERM REMAINS I	ENT AND REI		CREMATED
	N AND BURIAL (INCLUDES INURNMENT)	6 DISINT	ERMENT, CREMATION DES INURNMENTI	, AND BURIAL	9 DISINTERM DISPOSITIO	ENT OF CREE	MATED REMAIN	NS AND
3 CREMATIO CEMETERY	N AND DISPOSITION OTHER THAN IN A	Пансия	CREATE CREATE	AND DISPOSITION	ron	CORONE	ve uec or	W V
4 SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			SLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W.	네일이라면 아이들을 하게 있다.		NS ARE TO BE INTERR		COUN	1920	Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W			DATE CREMATED	SIGNATURE OF	PERSON IN C	HARGE OF CR	MATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	NE, OR OTHER D	ESCRIPTION SUFFICE	ENT TO IDENTIFY FINA	L PLACE AND COU	VTY OF DISP	OSITION	2.
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI	EIVING REMAINS			W-			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrest	dent under prov spass and nuise	risions of the Healt ance laws apply a	h and Safety Code, nd understand that	>			
LOCAL 3 REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	PROVISIONS AM	OUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNAMBE OF	112	TRAR ISSUING	PERMIT Dimm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED 6/6	TEN DATE	SIGNATURE OF PI	NSO MONAGE OF	ISPOSITION		JMBER OF CRE IF APPLICABLE	MATED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEA		7-				

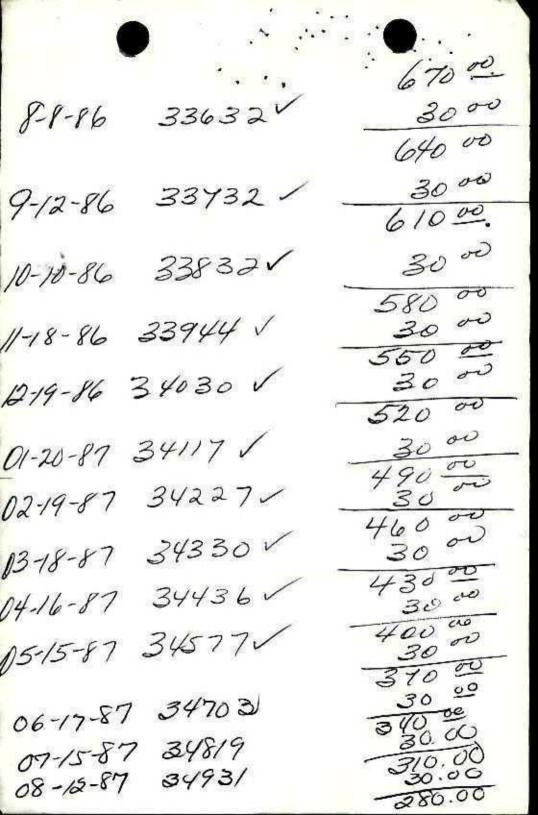
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING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

MT. HOPE CEMETERY
ERMENT ORDER

City of San Diego

// " / /	ENT ORDER
hamand lat City o	of San Diego
whileano	0 -23-86
En nes analas	Se As amb
You are hereby authorized and instructed, subj	ject to your rules and regulations, to inter the rem
3	
	SSECTE VARIOUS CARESTON
Voult/Liner	neral, date, time
Shurch, Chapet, Graveside	
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be app
and billed to undersigned. War time veteran _	
Lot 4868 Grave Row	0
Lot LOWO Grave Row	Section Division/Block
Grave space & Care Fund	W 7 693
WORLDWARE SPEED COMPANY TO BE SEED TO SEED SEED TO SEED SEED TO SEED SEED SEED SEED SEED SEED SEED SEE	ν ("
Additional spaces and care fund	P 1 1
Opening/Closing & Setup	V //
Burial Container	7
Handling Fees	<i>U</i>
Flower vases - Marker setting fee	
Recording and filing fee	
Seles taxes	
2	Total Due
13-86 33487V Paid re	ceipt number 25
13-86 00/0/-	670
	Balance due W
I hereby certify I am the	of the above named dece
and this is your authority to make disposition	of remains as above indicated. I certify and repre and lagree to hold Mt. Hope Cemetery harmless
any liability on account of said authorization a	and interment.
	me al Pila Kamen
I hereby authorize the interment in lot I hold under deed.	Signature of the the
naussen en et	Appropriate the second
Signeture of recorded holder of deed	Impend Book,
	- (a) 93032
	423-4300
-	Invoice #
Work Order # E 5997	Acct. #

PY-893 (MEV. 8-85)



E5997 280,00 35014 9/9/87 30.00 250.00 30,00 35/74 20.00 11-10-87 35268 90.00 12-9-87 35400 30.00 60.00

Pink not returned Nº 33732 Min to repain the pre-thick not the second to the second t in I 1.1 E 5991 DIMENTE

OFFICIAL RECEIPT

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R	-7	E	13	100
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14		1	1	E.
n o	SU.	73	(4 /4)	

WHITE TO CUSTOMER
CANANY CEMETERY
PINE AUDITOR
GOLDENROD RETAIN

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

Nº 33832

From: Maria Autiliants from: Maria Autiliants from: Maria Autiliants In fact Payment of	minide 815-8th its	Date: 10-1 mp/b/n 0 Dollars (8	2 736- 3 (C)	2632
Lot 4868 Grave	Row S	ection	Division Block	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184		26
Acet. No.	Oltri avenue	60% Sales 100 77184 _	30	00
W.O. F	CITY AUDITOR	Gervine & 100 Service Charges 77181	10000	
after this Payment #250	OCT 16 1986 R	Buriel 100 Containers 77182		
Pre-Need At Need On Acct	YULLE IDEA	Recording less or 100 minc. service less 77183	THE STATE OF THE S	100
Ck le Cash	2	Sales Tax 60101	NAME OF STREET	
AC-212 (Nev. 8-66)	ISSUED BY LO SAND	TOTAL PAID	30	00

DO AC	NOT COUN Ma 81	MAIL T No. T 1 & 5 -	ENTII	= 59 e1 th	OK 97 Pi Av	lar	K	5	90 en i	des	3
		Mon	th a	nd D	ay D	ue In	dical	ed E	lelow		
MAR	APR				AUG		OCT				FEB
			1				X				
due da Amou	nt due	when paid if paid te abo	1 more t	0 tl	h	iys	s s		30	.00	_
							S				_
NAM	E M	X.		A	mount	Receiv	ed S				
ADD	RESS										
CITY						STAT			ZIF		
			chec	KIV) if t			v ade	dress		

Section 1	WHITE TO GUSTOMER
	CAMARY CEMETERY
THE REAL PROPERTY.	PINKAUDITOR

CAMARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151		110		
From: Maria D.P. Kame	nduling 815-8th St	Date: 11	-18 3h, Ca	9203	32
Therty and my	1100 Tot Van &	50	ollars (\$	3000	-
In fart Payment of	mem car for ex	genery	PIC X	ulalan '	10
Lot 48108 Grave_	The state of the s	ction		vision	0
Acct. No.	OTYALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing	100 77184 ————————————————————————————————————	30	00
BALANCE DUE \$55000	NOV 24 1986	Surist Containers Handling Fee	100 77182		
The state of the s		Recording & Misc. Free	77183	2000	1

	C. 17 15 7.0	The second second	100000000000000000000000000000000000000	vith ea		ittano	· CC	OUP	ON	- (4
10000	COUNT		100 A 100 A	-59	- 120	4	E	5	9	97	
	81	5 .	- 8	el th	AV	e					
		The second	STATE	d De			- 900000				
APR	MAY	JUN		AUG							MAR
	nt due ite abo			th	fore.	1	s	3	10.	00	
Amou after (nt due tue da	if paid te abo	more ti ve:	han	da	ys	s		1		_
							s		20.	<u>~</u>	
NAM	E			An	nount	Receiv	ed \$	Ğ-			
ADD	RESS					J.E.					
CITY	4 -					STAT	re		ZIF		

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

AUDITORAUDITOR	264-3151			
Maria O Vamo	id 815-0+6 At	Date: 12-	19	1986
Thirty and no	//// Address: 01- ACM SIL	Dollar	n 13 30 6	32
In Att Payment of A	dit lat Dale 9	DOW	12-11-1	
Lot 4868 Grave	Rows	ection	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED FAID' IN THIS SPACE.		00 21	100
W.O. E.5997	A = 1007	Opening/ 1 Closing 771 Burtel 1	100	
BALANCE DUE \$520 CC	. COCI G U MAI.	Containers 771	00 183	
Pre-Need Lot At Need On Acct		Pre-Need 830 Trust 90	333	
AC-212 (Rev. 11-85)	ISSUED BY B. Bang	Sales Tax (00) 769 TOTAL PAID	30	00
Lot 48/08 Grave Grave Invoice No. Grave Grave Grave Invoice No. Acot. No. 45/97 W.O. 45/97 BALANCE DUE 5/20 Grave Grav	NOT VALID FOR PURPOSE STATED UNLESS STAMPED FAID IN THIS SPACE.	CREDIT 20% Sales Core 773 80% Sales of Lobs 771 Opentry Closing 771 Burtal Containers Franching Fee 771 Recording 6 Misc. Fees 771 Pre-Need 830 Trust 90 Sales Tax. 900	007 84 000 81 100 81 100 83 100 83 100 83	100

DO	NOT COUN Ma	MAIL T No.	a D	-59 e1	0K 97 P1	 lar	4	5		q der	
	The second second	and the same of	- 8				. 6	A9:	203	2	
		Mor	th ar	nd D	ay D	ue in	dicat	ed E	Below		
MAY	JUN	JUL								MAR	APR
	nt due ite abo		paid on	or be	fore.		> 5		30	.00	,
	nt due lue da		more ti	han	da	lys	s			1	
							S				
NAM	E			A	nount	Receive	nd \$	-			
ADD	RESS										

	regreen a company of
A SECOND	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
The Room of the last of the la	PINKAUDITOR

PINK. AUDITOR	MOUNT HOPE CEMETERY			
Maria O & Kalm	enided 815- arts Ar	Date: 01	20	9:087
Therty and no	1100	- D	ollars (\$ 30	1
In Payment of	genera lat	1000	The same	
Lot 4868 Grave	BowSe	ction	Divisio Black	:10
Involce No. Acct. No. W.O. E 5997 BALANGE DUE \$ 490 00 Pre-Need Lot \$ At Need 0 On Acct 0	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 20% Sales of Lots Opening/ Closing Burist Containers Handling Fee Piscording 5 Miss. Fees	87007 777194 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183	30 00
Pre-need Trust Gash Gheck	B. Lang	Truet Saise Tex TOTAL PAID	9022 80101 78080	30 00

	81	5 .	- 8	th	AV		r K	- Fillings			
		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	_	-	-	-	dicat				
JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MA
	rte abo	if paid	10	th	MAGE TO	ys	\$ \$		30.	00	A STATE OF THE PARTY OF THE PAR
mou fter c	iue da	te abo									
mou fter c	it que lue da	te abov					\$				

WHITE TO CLISTOMEN CAMARY CEMETERY PINK AUDITOR
PINKAUDITOR

From Maria Del	P. O. Kanga	MOUNT HOPE CEMETERY 284-3151 Address: 8/5-8/4400 d	Date: 2/	19/	9703	18
Thirty &	Payment of Co	Edit Tale Coupon	The state of the state of	ollars (\$ '	30€	,
Lot	Grave.	Row_S	ection	1000	Division Block	Part l
BALANCE DUE	997 Need On Acct March Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Miss. Fees Pro-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 63083 — 60022 — 60101 —	30	00
AC-212 (New, 11-86) /4	412	1850ED BY Stearen Stiller	TOTAL PAID		30	00

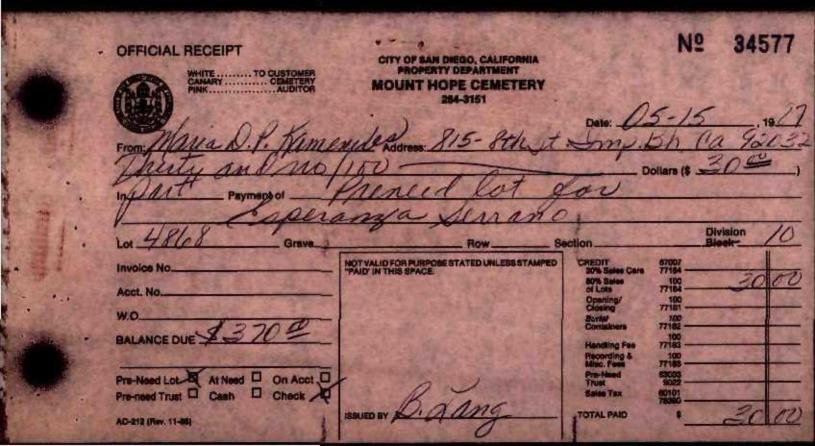
DO	NOT COUN Ma 81	MAIL T No. T14	ENTIFE D	-59 el	OK 97 Pi Av	la:	E	5 ame	99	des	7
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	Im	The same					, CA			2	
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lue da	nt due ate abo nt due due dar	ve. if paid	10 moreti	th		ys)	s	3	0.	00	
NAM	F			An	nount (Receive	\$ ed \$				
1	RESS										
ADD			_			Carrie	100		19543	-	

WHITE TO CUSTOMER

PINK	MOUNT HUPE CEMETERY		1		
		Date: 04	4-16		19/1
From Maria D. P. Kame	11 Meshadress: 815-8th Lt.	Sample	6, Co	1920	3=
Thirty and me	2100	D	oliars (\$	300	-)
In Payment of	arneed lat	1 No. 1 No.	fic as	Sell's	
Lot 4868 Grave	Row Se	ction	1240	Division Block	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Bales Care	67007 77184		
Acct. No.		of Lots Opening/	77184 —	50	00
W.O. E 5997	CITY AUBITOR \$	Opening/ Closing Burist Containers	77181 — 100 77182 —	No. of London	
BALANCE DUE \$6 400	APR 2 0 1987	Handling Fee	77183 — 100	1000	1
Pre-Need Lot 10 At Need 1 On Acct		Recording & Miss. Fees Pro-Need Trust	77183 — 63003 9022 —	Contract of	
Pre-need Trust Cash Check	P	Dalma Tax	78300 —	-	- S
AC-212 (Rev. 11-66)	ISSUED BY A JULIA	TOTAL PAID	STORE STORES	20	10

125	Ma:	rie	. B	el th	P1	lar e.	K	ane	ni	des	
		Mon	th ar	nd D	ny Di	ue In	dicat	ed B	elow		
EP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
nou	nt due	when pive. If paid te above	moreti	Oth	E.	nys)	s		30	.00	
							\$	-	-	-	
					Service Co.		d 5				
AM	E			An	nount	Heceive	3.5				
or Sv	E RESS			An	nount	HECEIVE) -			



AU	COUNT	1027			97		177			des	7
B	81	5 -	. 8	th	AV	•		-		1000	-
	Im	Page 197-1			les	COLON Y					
OCT	Lauran	Mon	th an	d Da	y Du	e Inc	dicat	ed B	Blow	AUG	een
901	NON	SEC	JAM.	TEE	- Survey	P. W.	X	Som	300	100	865
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ue d	nt due ate abo	ve.	10	th			> \$	3	0.	00	
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Amou	ate abo int due due dat	ve. If paid I	IO more ti	th nan.			> s				
lue d	ate abo int due due dat	ve. If paid I	IO more ti	th nan.	da		1005 CALL STORY				

Date: 6-17

OFFICIAL RECEIPT

AC-212 (Rev. 11-86)

WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR	
Front bria LA Pilos Kar	Ma
In Payment of	12
Lot 4/66 Grave_	
Acct. No	PAI
BALANCE DUE 340 —	THE PERSON NAMED IN
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	S S S S S S S S S S S S S S S S S S S

CITY OF SAN DIERD, CALIFORNIA ENOPERTY DEPARTMENT MOUNT HOPE CEMETERY 244-3161

of Sec	port 11 Olider	Dollar J	30-
Grave	RowSe	oction .	Division 10
On Acct Check	ISSUED BY Andry Ward	CREDIT SON Sales Care SON Sales SON SALE	00 30

DO	NOT COUN Ma	MAIL T No.	E D - 8	=59	97 P.	lax	. K	ame	59 m1	des	
				nd Da							
NOV	DEC			MAR							ОСТ
due da Amou	nt due due da	rvė.	moret		da	ys Aecerve			30	,00	
	CONTRACT										
ADD	RESS										

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

	284-3151		1000		
	3. 生态,不是一种	Date:	3-12	-87.	19
From: Maria Kamer	ides Address: San Diego		178		
This	ty dollars	p	ollars (\$	30.00	
In COUPON Payment of	- Credit Sale-Con	Don #	- 13		1 2 2 1
E	- 5997			W DEP	-
Lot Grave	Row Se	ection	95 6	Division Block	
Invoice No	NOT VALID FOR PURPOSE STATED LINLESS STAMPED	CREDIT 20% Sales Care	67007	2	120
Acot, No.	"PAID IN THIS SPACE,	20% Sales Care 50% Sales of Lots	77184 — 100 77184 —	30	00
wo. E-5997	The state of the s	Opening/ Closing	77181 —		1
		Surial Containers	77182		
BALANCE DUE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Handling Fee Recording &	77185 -	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
Pre-Need Lot At Need On Acci	T CONTRACTOR	Recording & Allec, Feeb Pre-Need Trust	77183 — 63093 8022 —		2
Pre-need Trust Cash Check	X	Sales Tax	80101 78390	C. L.	
AC-212 (Rev. 11-80) 5-5-2	ISSUED BY	TOTAL PAID		30	00

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		Mon	th ar	d Da	y Di	ie In	dicat	ed B	elow		
AN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
nou	nt due	when p ve if paid i te abov	moreti	th	120	ys)	5		30	.00	MA
		33	388				S	_ c	30.		
AM	E			Ап	nount l	Receive	ed S				
900	-										
DD	HESS.										

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK GOLDENHOD RETAIN From	EITY OF SAN DIEGO, CAUFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 33632 Dete: 18-08 1986 mp. Beach, 90032
In Ast Payment of PA	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	Dollers (\$) Section
Acct. No. W.O. E - 5 99 7 Unpsid Batance after this Payment # 640 00 Pre-Need P At Need On Acct Och Cash On Acct Och Accept 1888 8-85)	AUG 19 MOS	BO% Sales 100 20 00 00 00 00 00 00 00 00 00 00 00 0

Section 1. Section 1. Section 1.

.0		MAIL					**		- 1/4-21		1
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		Mon	th ar	nd Da	y Du	re In	dicat	ed B	elow	ei .	
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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	nt due ale abo	when p		or bei			5	ALTER OF	30	.00)
Amou after o	nt due due da	if paid i te abov	more ti ve.	nan	da	ys	s				
							\$				
NAM	E			Ап	nount F	Receive	ed \$	2			_
YELEK	RESS	-									
CITY	019					STAT	E		ZIF	e .	
-			check	CIV) if t	nis is	new	ado	iress		

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CAHARY CHARTER 33487 **MOUNT HOPE CEMETERY** GOLDENROD ALIOITOF 264-3151 Division Section HOT VALID FOR PURPOSE STATED UNDER STAMPED Invoice No. 80% Sales of Lots Acct. No Unpaid Balance after this Payment On Acct TIOTAL PAID AC-212 (Nov. 8-88)

Pre-need Trust Cash

AD-212 (Rev. 11-86)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPS Invoice No. Acct. No. BALANCE DUE S Pre-Need Lot X At Need On Acct

Check

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

Row

tion	多智	Division /C
CREDIT	87007 77184 —	E STATE OF
20% Sales Care 80% Sales of Lots	100	.30
Otenine/	77184 -	
Opening/ Closing	77181 -	T. C.
Buriel Containers	77182 -	-
Hendling Fee	77163 -	
Recording &	77183 -	C- 0 -00
Pre-Need	03033	
Trust Sales Tax	80101	2.77 T. 1.24
	76990 -	20
TOTAL PAID		201

ACI	COUNT	Γ No.	ENTIR B	-59	97			5		97	2
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			th an								
DEC	MAL	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
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mou fter o	nt due lue da	if paid i te abov	more th				5	0.5			200
fter o	due da	if paid i te abov	more th		naunt F		\$ ad \$		0		
mou fter o	due da	if paid i	more th				100		0		
Her o	due da	if paid i te abov	more th				100		0		

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WHITE TO CUSTOMER

CANARY CESACTERY AUDITOR	MOUNT HOPE CEMETERY 264-3151			
		Date:	10-16	.87
From 1 lerea 1/2 merke	kes Address: 815 846 CM	e Che	Del	9000
theore da	Mala 001	-/ 4	ollars (\$ 20.	00 ,
InPayment of Cace	Den # 15 Gulde	1 de	4	225/25
			100	THOUSE !
Lot 4668 Grave_	Row Se	ction	Divisio Block	1/0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care	67007 77164	
Acot. No.	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	60% Sales of Lots	77184	0
WO. E 5997	文学 经现代的证券	Opening/ Closing Surial	77181 100	7 To 100
BALANCE DUE 020.00	and the second second	Containers Hendling Fee	77182	23 30
	學者是不過學學學	Recording &	100	
Pre-Need Lot At Need On Acct		Pre-Need True	40058 0022	41
Pre-need Trust Cash Check	The latter	SHETER	78390	200
AC-212 (Aur. 11-80)	ISSUED BY	CAUTAL PAID	- 4	

DO ACI	COUN Mai	MAIL T No.	ENTIR De 8 t	59 1		ar	K	55	19	les	5
					ay Di						
MAR	APR	MAY	NUL	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
lue da Amou	nt due	ve	more the	th		ys)	> s		30	.00	
				0.0	200	5	S		-	_	
NAM	Ε			Ar	nount l	Receive	ed \$				
ADD	RESS										



WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

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

From: MARIA DEL PILAR Link Polley		Dollars (\$.10.87 30.00
In Payment of		ction	Division D
Acct. No. W.O. F- 5997 BALANCE DUE 190.00 Pre-Need Lot At Need On Acct C		OREDIT 20% Sales Care 77184 — 80% Sales 100 of Lole 77184 — 100 Opening 77181 — 100 Opening 77181 — 100 Opening 77182 — 100 Handling Fee 77183 — 100 Misc. Fees	36 -
Pre-need Trust Cash Check C	ISSUED BY Bruce Morrison	Salos Tax 80101 76300 — TOTAL PAID \$	30 00

AC	Mai 81	rie 5 -	D 8	-59 el th	Pi	lar	K		mi	des	
		Mon	th or	nd De	y Du	e In	dicat	ed B	elow		
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
due da	nt due ite abo nt due due dat	ve. If paid	LO	Sec.		ys)	> s > s	3	0.0	00	
NAM	E			An	nount	Receive	\$ ed \$		30	E	- 50
-											
ADD	RESS						_				_

WHITE TO GUSTOMER

PINIC. AUDITOR	MOUNT HOPE CEMETERY	Dato:	9-9		.87
InPayment of	lace + 14, Cre	TI, 14	illers (s	0.00	<u>,</u>
Lot 4868 Grave_	Row Se	ction		Division /	0
Invoice No	MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	87007 77184 ——— 100 77184 ———	30	1
W.O. E - 5997 BALANCE DUE 250 00	A TRACTICAL CONTRACTOR	Opening/ Closing Surial Containers	100 17181 100 77182		
Pre-Need Lot At Need On Acct	1 1	Handling Fee Pleoprising & Misc. Fees Pre-Hand	77185 ————————————————————————————————————		
Pre-need Trust Cash Check A	musion way Word	Total Paid	90101 76580	30	200

DO		MAIL No.	ENTIR E-	E BOO	97 P1	E	-5	90	17	-	4
	Im		ia	l B	es	ch,		4.06			
FEB	THE REAL PROPERTY.	and the second	-	PROFESSION AND ADDRESS.	Section 1999	AUG		_			JAN
we da	nt due ite abo nt due l lue dat	re. I paid r	101	-	ore,	ys)	s s	3	0.0	00	
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11000	RESS								- 24		

DO ACC	NOT	MAIL T No.	ENTIF ENTIF De Be	59 1	97 P1	ler	E	5	99 mi	1	1
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due da	rte abo	ve. If paid	more t	Jeh		iys	> s	_	30	.00	1
NAM	E			A	mount	Receiv	ed \$				
ADD	RESS										
CITY			chec	k (1/) if t	STAT	_	v ade	ZIF		_

CITY OF SAN DIEGO, CALIFORNIA

CANARY CEMETERY PINK ALIDITOR	MOUNT HOPE CEMETERY 264-3161			
Maria Delilar Kar	neridas 85-84 H. O)	Date: 6	Seach	Ca 93035
Thurty telaso ;	9/110	# 177 D	ollers (\$.	30.00
Payment of OU	ditlet sales couper	# 17		1
ot 4868 Grave -	RowSc	ection	图:	Division 10
volce No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 60% Sales of Lots	67007 77184	30 00
o. E-5997		Opening/ Closing	77164 — 100 77151 —	YEAR OF THE
LANCE DUE 160.00		Surfal Containers Handling Fee	77162 — 160 77183 —	A STATE OF THE PARTY OF THE PAR
-Need Lot B At Need On Acct O		Pre-Need Trust	77183 — 60033 9022 —	ALCOHOL: NO
e-need Trust Cash Check	0 0	Sides Tax	00101 78390	STATE OF THE PARTY OF

MT. HOPE CEMETERY

INTERMENT ORDER

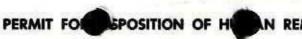
City of San Diego

Date 6/23/86

You are hereby authorized and instructed, sut	bject to your rules and regulations, to inter the ramains
of Tosel L. Lo	rg
ina Bell Lener Fi	uneral, date, time Fre 6/27/11Am
Veult/Liner (12, 0 -	00 10 10
Church, Chapel, Graveside	To : ; Capadaxe Mortusry.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	1 Huntand Vet
and billed to brideray free. Trai time veteral)	100 Marie 100 Ma
of 1/8 Grave 3 800 -	Section Division/Black
LOT 11 2 Grave NOW	Section 2 Division/ Block 7
Grave space & Care Fund	49500
(L O.	11 1 2 t
Additional spaces and care fund	of you remarkagement
Opening/Closing & Setup	320 -
PAR	100
Burial Container	11100
landling Feed	140
Flower vases Marker setting fee 1.10 Y	
	20
Recording and fight religible, CEMETER)	i
Sales taxes	<u>, 63</u>
134 due Part	Total Due
il all sp.	27/103 11-1 00
731 Paid re	eceipt number 23 47 1/01
	3377 Balance due
11 0	2 0
hereby certify I am the	of the above named decedent
and this is your authority to make disposition	of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
	01:11.0 4 110
hereby authorize the interment in lot I	x curain gory r
hold under deed.	33350 Ellano
	Address 0 0 1 1 1 1 0 0 2 7 7
Signature of recorded holder of deed	State Code
	4619 367-2934
	Thisphore
	Landa d
Work Order # E 5998	Invoice #
TOTA OIGHT #	Acct. #
PY-503 (REV. 0-05)	

•	OFFICIAL RECEIPT WANTE TO CLISTOMER CAMANY CEMETERY CAMANY CHARTERY CAMANY COLDENNOD RETAIN From Charles E Charles	CITY OF SAM DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3161	Nº Jean	33493 n= 27 0.958	986
	in he payment of the con and a server	tunit feet for Perice	Dollers (*	Division /)
1-1	Involce No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 87007 20% Sales Core 77184	99	00
	Acct. No. F 5998	CITY AUDITOR	80% Salon 100 of Lots 77184	396	00
	Unpaid Balance after this Payment	JUN 38 1986	Openings & 100 Service Charges 77181 Suried 100 Consainers 77182 Reservice fees 77183	69	00
	Pre-Need At Need On Acct	00 1011	Sales Tes 8020		
	AC-212 (Rev. 8-88)	ISSUED EN PLANTE	TOTAL PAID	564	00

	OFFICIAL RECEIPT WANTE TO CUSTOMER CANARY CEMETERY POUR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3151	Nº	33494	A
	From alful L. Stanffer	Law 8 Ming 10-	- Town Type Ch (5649	77
•1	In Peyment of The Lot 1/8 349 Grave	Clear fale -	ection	Division //	/
	Acct. No.	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THE SPACE	CREDET 20% Seles Care 77184 _ 80% Seles Care 100 of Lots 77184 _ 200 column 2	27	00
	Unpeid Balance after this Payment 57 K	JUN 38 1986	Operatings & 100 Service Charges 77181	100	00
	Ck Cash C	ISSUED BY REDYW STATE	Salos Tax 90101 9020 _ TOTAL PAID # _	564	00



E5998

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DESIGNA		SE BLACK HAK-AN	ALL HO ALIEN	THE					
NAME OF DECEDEN	W. The Language Control of the Anna Control			SEX	DATE OF BIRTH	-	DATE OF DEATH		
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH	COLINTY ION STA	TE IF NOT IN CALIFORNIA)	NAME AND ADD	PSS OF SPO	USE OR OTHER	INFORMANT	
	hula Vista	torce or occarre	San Dieg		3.2.2		- Husban	The Common Account	
	SS OF FUNERAL DIRECTOR (OR PERSON AC	TING AS SUCHI	And the second second second	IRNIA LICENSE NUMBER	73370 E		* 1 100 000 000 000 000	77.6	
٨	ederson-Ragsdale Morta	ary	1	1329	Towntyn	ine Pal	ms, Ca.	92277	
		NACTORN.	ONE OF THE F	OLLOWING TYPES OF	DISPOSITION	CO-0110-0-000-000			
1 BURIAL (IN	ICLUDES ENTOMBMENT)	5 DISINTERMI		INCLUDES	8 DISINTERME REMAINS III	NT AND REIN		IEMATED	
	N AND BURIAL (INCLUDES INURIMMENT)	6 DISINTERMI	ENT, CREMATION	L AND BURIAL	9 DISINTERME DISPOSITION		ATED REMAINS		
CEMETERY	3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			, AND DISPOSITION	FOR CORONER'S USE ONLY				
☐ 4 SCIENTIFIC	4: SCIENTIFIC USE		AN IN A CEMETE	W.	☐ 10 DISPOSITION PENDING				
CREMATION BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CHEMATED REMAINS	NAME AND ADDRESS OF CREMATORY W	751 Hartet HERE REMAINS ARE TO	St.; San O BE CREMATED	Diego Call	FORMIA SIGNATURE OF P		San Dio ARGE OF CREMA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS							
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named doce and I hereby acknowledge that tre	dent under provisions repass and nuisance	on having the right to control the disposition of the ent under provisions of the Health and Safety Code, spass and nuisance laws apply and understand that cted access to property not owned by me.			b			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	T OF FEE PAID	JUN 2 5 1986	SIGNAPURE DE	I Can	MAR ISSUING PER	MIT TUM	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	7786 S	IGNATURE OF PI	RSON IN CHARGE OF D	ISPOSITION		MBER OF CREMA APPLICABLE	TED REMAINS	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH							

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-23-86

in a Bell Veult/Liner	Funeral, date, time Thurs 926 11.
Church, Chapel, Graveside	: Kagadale Mortue
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge will be applie
and billed to undersigned. War time vetera	in
Lot 20_ Grave 3 Row	Section Division/Block
Grave space & Care Fund	495
Additional spaces and care fund	
Opening/Closing & Setup	320
Burial Container	1000
Handling Fees	1450
lower vases - Marker setting fee	**************************************
	<u>35°</u>
	60
	Total Due//0/
JUN 25	d receipt number 3 3490 1101
- COMPTERY	
CITY of SAN DIEGO, CALIF.	Balance due
hereby certify I am the free 125	of the above named decede
and this is your authority to make disposition that I have the right to make this authorizati	on of remains as above indicated. I certify and represe ion and I agree to hold Mt. Hope Cemetery harmless fro on and interment.
any liability on account of said authorization	in and interment.
hereby authorize the interment in lot I	Jam (, Juna
hold under deed.	5412 /m DETAL
Signeture of recorded holder of deed	SAN DIZE WILL
	Size 262-7435 Zpc
11 <u></u>	Invoice #
Nork Order # E 5999	Acct. #
PY-593 (NEV. 8-85)	

	OFFICIAL RECEIPT WHITE TO CUSTOMENT CAMARY CHMETERY MINK ALLOTTON GOLDENNOO ASTAM From: The Company of the Co	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 54/2 Angle The and Wind John	Dellars (8) Dellars (8) Dellars (8)	4
	Lot Grave	NOT VALUE FOR PURPOSE STATED UNLESS STAMPED	CREAT STORY	Division /2
the state of the s	W.O. E 5999 Unpaid Balance after this Payment	JUN 98 1986	80% Selem 100 of Late 77184	39600
	Pre-Need At Need W. On Acct C	Leogenblith	Recording fees or 100 miles, service fees 77183 80101 8020 TOYAL PAID 6	18000

£ 599

PERMIT FOR POSITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	п		SEX	DATE OF BIRTH	DATE OF DEATH	
ū.	JOHN HENRY T	URNER	Male	feb. 25	1951 June 21, 1986	
PLACE OF DEATH-			INTY IOR STATE IF NOT IN CALIFORNIAL	1112-2	RESS OF SPOUSE OR OTHER INFORMANT	
	ula Vista		Diego		Faye Turner - Wife	
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON AN		CALIFORNIA LICENSE NUMBER		card Avenue	
	derson-Regsdale Mortu	MITY	1329	26M D16	go, California 92154	
	TYPE OF PER	WIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES O	F DISPOSITION		
1. BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT	AND BURIAL (INCLUDES)		ENT AND REINTERMENT OF CREMATED NCLUDES INJANMENT)	
DEED TO REMOVE SHOW	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT	. CREMATION, AND BURIAL PRIMENT)		ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY	
3 CREMATION CEMETERY 4 SCIENTIFIC			. CREMATION, AND DISPOSITION N A CEMETERY	FOR	CORONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W Ht. Hope Cemetery: 3 NAME AND ADDRESS OF CREMATORY W	751 Market St	reet; San Diego, C	alifornia	COUNTY Sen Diego PERSON IN CHARGE OF CREMATORY	
CREMATION	N/A			>		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPT	ION SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUN	ity of disposition	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF	This is to certify that I am the per ACKNOWLEDGMENT remains of the above named decer		rson having the right to central the disposition of the dent under provisions of the Health and Safety Code,		SIGNATURE OF APPLICANT	
APPLICANT	and I hereby adknowledge that to this permit gives no right of unrest		[하지 않고 10 HT 1	DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS	THIS PERMIT 3.0	JUN 2 6 198		A Company M. D. MM	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED 6/0	NTES DATE) SIGN	AND OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0			

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

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/23/86

You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the rema	ains
in Orulti Fu	neral, date, time Friday-11:10 9	37
Church, Chapel, Graveside	Hempletin Mortu	агу.
OPEN-ROSES OF THE STATE OF THE	of regular work day or an extra charge will be app	lied
and billed to undersigned. War time veteran .		
Lot 1347 Grave Row	Section Division/Block	
Grave space & Care Fund Lugle	Span 100'	<u>.</u>
Additional spaces and care fund		
Opening/Closing & Setup	10	-3
Burial Container	SAIS	24
Handling Fees	10899	-
Flower vases - Marker setting fee	JUN 27 7 35	~
Recording and filing fee	WOPE CEME CALE	<u></u>
Sales taxes	TY H SAN DE	
Leve morning	Total Due	-
Trink of Paid re	ceipt number 33488 100	00
425-911 6-27-	863349 Balance due 189	00
EH	Lu 198	00
I hereby certify I am the	of the above named dece	
	and I agree to hold Mt. Hope Cemetery harmless f	
	JULTR -	
I hereby authorize the interment in lot I hold under deed.	Signatur	_
TIGIO GINAN GODA.	Address Con DELS	<u>-</u>
Signature of recorded holder of deed		-Code
	[6/9] 25 ES YG	_
E 6000	Invoice #	_
Work Order # E 6000	Acct. #	

i	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	N2 :	33488	
MR.	John ti Bar	. 458 Pal	Lambert 4/20	113 .19	
	From: The Country	Address: 773 E. 100	Dollars (8	1000	100
	In Sout Payment of Am	ment on Anjument	feer for		
		rojandro Gaan	-/-	Division 9	
	Invoice No	HOT VALID FOR POSSORE STATED UNLESS STAMPED JUN 26 1996	CREOT 67007 20% Sales Care 77164	Block	
	Acct. No.	AUDIT.	80% Sales 100 of Lass 77184		
	W.O. F. 6000 Unpaid Balance after this Payment 1999	ON 26 mg	Guerrings & 100 Service Charges 77161	100 00	>
	after this Payment / 7 / ~	~ ************************************	Surial 100 Centalisins 77182	AND AND DES	
	Pre-Need At Need On Acct	(D) 0111	miss. service less 77183 Seles Tes 6000	F- 88 U S	-
	AC-212 (Nov. 8-90)	cosultott	TOTAL PAID	100 00)

	OFFICIAL RECEIPT WHATE TO CUSTOMER CARANY CEMETERY PARK AUDITOR GOLDSHAFOD RETAIN	CITY OF SAN DIEGO, CAUPORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33498
W.	From Silverto Bales One Mundred of In Sull Payment of	enety-nine and legandro Energy	Date: 10 A 93113 10/100 Dollars 10 19900)
	Invoice No. Acct. No. W.O. W.O. Unpaid Balance after this Payment Pre-Need At Need On Acct. On Acct.	HOT VALID FOR PURPOSE STATED UNLESS STAMPED PAD IN THIS SPACE. CITY AUDITOR JUN 38 1988	CREDIT STATE STORY SAME TO STATE STORY SAME TO STATE STORY SAME TO STATE STORY SAME TO STATE STA

PERMIT FOR POSITION OF HEAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T.		SEX	DATE OF BIRTH	DATE OF DEATH
	ALZJANDRO BARZ		Male	June 23,	1986 June 23, 1986
	San Diego	San Di	TY IOR STATE IF NOT IN CALIFORN	Gilberto	
	ss of funeral director for person a lortuary-855 Broadway-		CALIFORNIA LICENSE NUMBER	\$15 Sout San Dieg	h Pardee Street p, CA 92113
	TYPE OF PER	MIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES	OF DISPOSITION	
MI BURIAL (IN	ICLUDES ENTOMBMENT)	5 DISINTERMENT A	AND BURIAL INCLUDES		ENT AND REINTERMENT OF CREMATED INCLUDES INURMENT)
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT.	CREMATION, AND BURIAL		ENT OF CREMATED REMAINS AND IN OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC	de la companya della companya della companya de la companya della	7 DISINTERMENT. OTHER THAN IN	CREMATION, AND DISPOSITION A CEMETERY	FOR 10 DISPOSITE	CORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	751 Market St.	-San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE	CREMATED DATE CREMATED	SIGNATURE OF	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTIO	ON SUFFICIENT TO IDENTIFY FIN	AL PLACE AND COU	NTY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named deca	edent under provisions of	the Health and Safety Code	D	APPLICANT
APPLICANT	and I hereby ecknowledge that to this permit gives no right of unres			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	FEE PAID DATE PERMIT ISSUE	. 4	OCAL BEGISTER ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		2 7 1986 SIGNA	TURE OF PENSON IN CHARGE O	F DISPOSITION	LICENSE NUMBER OF CREMATED REMAI DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			

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

E 6000 W Cashet Suje . Shoe Box

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/86

You are hereby authorized and instructed, subject of Linear Mass	91	to inter the remains
0001	rel, date, time Fix 6/	27 of 2PM
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra ch	m-mar-mumma-mar-mar-
and billed to undersigned. War time veteran	<u> </u>	
Lot 43 Grave 10 Row	_ Section Divisio	n/Block //
Grave space & Care Fund		2500
Additional spaces and care fund	ioni Held	5
Opening/Closing & Setup Burial Container Rell Courts	77	
	<u> </u>	100
Handling Fees	D	145
Flower vases - Marker setting fee		==
Recording and filing fee		350
Sales taxes		
MO HOPE CEME	CALIF. Total Due ,	856
Paid rece	ipt number33491	006-
<i>t</i>	Balanc	e due
Hardward Land Harden		
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization an any liability on account of said authorization and	remains as above indicated. I did agree to hold Mt. Hope Cem	ove named decedent certify and represent netery harmless from
	ul -th	The !
I hereby authorize the interment in lot I hold under deed.	Signature	Things
	Address 17 SO	oth ye.
Signature of recorded holder of deed	Man Lug	The Car
	Telephorie	1
F 0004	Invoice #	į
Work Order # E 6001	Acct. #	

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: 200 Harris Camara	CITY OF SAN DIEGO, CAMPORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161 Address: 55-80-5	Dete: 6/25/ Tothe State.	33491
The state of the s	in full Payment of Grave	40	Mae Harris action 2	9562) Division //
777	Unpeid Balance after this Payment	HOT VALD FOR PURPOSE STATED UNLESS STAMPED THE STATE OF T	CREDIT 2016 Sales Care 77184 S076 Sales Care 77184 S076 Sales 100 of Lots 77184 Openings 5 100 Service Charges 77181 Berisl 100 Containers 77182 Recording fees or 77182 Recording fees or 77183	320 00
	Pre-Need At Need A On Acct C Gash AC-212 (Rev. 8-36)	Beguntett	Sales Tox . 8030 _ TOTAL PAID	856,00

PERMIT FO DISPOSITION OF HUMAN REMAINS ENOUL

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	SHIRLET	MAE	MARRIS	£	SEX Female .	DATE OF BIRTH	1939	Jame 23, 1996
NAME AND ADDRES	CITY OR TOWN Diese S OF FUNERAL DIRECTOR			Lego	TE IF NOT IN CALIFORNIA) RINIA LICENSE RUMBER 1329	Trevathe 5500 56s	a Harr	POUSE OR OTHER INFORMANT
2. CREMATION	CLUDES ENTOMBMENT) N AND BURIAL IINCLUDES N AND DISPOSITION OTHE	INURNMEN	INCLUDES INURNA	EMATION	UNCLUDES I, AND BURIAL I, AND DISPOSITION	B. DISINTERME REMAINS (IN	NT OF CRE N OTHER TO CORONE	MATED REMAINS AND HAN IN A CEMETERY
INTERMENT	Mount Rope Co	ester	Y WHERE REMAINS OR CREMATE 3751 Marked St. IY WHERE REMAINS ARE TO BE CR	; Se	THE RESERVE OF THE PARTY OF THE	92102	ERSON IN	San Blage CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS		H/A	DREUNE, OR OTHER DESCRIPTION	SUFFICIE	NT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISF	POSITION
SCIENTIFIC	NAME AND ADDRESS OF	E/A	RECEIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT	remains of the above and I hereby acknow	named d	person having the right to or lecedent under provisions of the it trespass and nuisance laws restricted access to property re	e Healtl apply ar	h and Safety Cede, ad understand that	SIGNATURE OF AID DATE SIGNED	PPLICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN A OF THE CALIFORNIA HEALTH AUTHORITY FOR THE DISPOS	AND SAFETY	CODE AND WITHE	PAID	JUN 2 6 1986	SIGNATURE OF LO	LZ	STRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPE DISPOSITION WAS MADE		-/0// 1/ C	AND PE	RSON O CHAPIGE OF	SPOSITION	LICENSE N DISPOSER.	IUMBER OF CREMATED REMAINS IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF	REGISTRAR	OF COUNTY OF DEATH	0				

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-25-86

ina Bu	Ol The	neral, date, time	Fri 6 by at	- 11 Am
سلا Church, Chapel, Grave	Winer W	Le : A	leath	Mortuary
	arrive before 3:30 p.m.	of regular work da	y or an extra charge	will be applied
and billed to undersign			W. Commission Commissi	30.000.0 \$4000.0 \$4.0000.0
Lot 1133 Grave		10-AU-0-AU-0-AU-0-AU-0-AU-0-AU-0-AU-0-AU	7	8
Lot 225 Grave	Row	Section	Division/Blo	<u> </u>
Grave space & Care Fu	und (2 - 3	470	I)	ronece
Additional spaces and	care fund			100 may 20 may 2
Opening/Closing & Se	tup DA	וחו		3200
Burial Container	1, 7			1000
Handling Fees	JUN.2.	7 1486		145 5
Flower vases - Marker	setting ign	EMETERY		li e
Recording and filing fe				350
ACCEPTANCE OF THE PROPERTY OF				600
Sales taxes		Charles and Charles		1010
sales taxes	. /	C/ Total	of Due	10/10 -
alled by	6-27	-86	33497	6060
alled by	6-27 Paid re	- € Tota ceipt number <u>=</u>	33497	6060
alled ley	6-27 th	-86	33497 Balance due	606
alled by oward the	6-27 th	-86	33497 Balance due	606 °
alled ley oward Ala ill Brig At 1 I hereby certify I am th and this is your author	ity to make disposition	ceipt number	Balance due of the above nove indicated. I certifi	y and represer
alled ly oward Hea ill Brig & I am the and this is your author that I have the right to r		ceipt number of remains as aboand lagree to hol	Balance due of the above nove indicated. I certifi	y and represen
alled ly oward Hea ill Bin A la thereby certify I am the and this is your author that I have the right to r	ity to make disposition make this authorization	ceipt number of remains as aboand lagree to hol	Balance due of the above nove indicated. I certifi	y and represer
What had he was a second and this is your author that have the right to rany liability on account	ity to make disposition make this authorization t of said authorization a	ceipt number of remains as aboand lagree to hol	Balance due of the above nove indicated. I certifi	y and represen
What had a second and liability on account	ity to make disposition make this authorization t of said authorization a	of remains as aboand lagree to hol	Balance due of the above nove indicated. I certifi	y and represen
CUCAL ALLA Thereby certify I am the and this is your author that I have the right to rany liability on account I hereby authorize the hold under deed.	ity to make disposition make this authorization t of said authorization a interment in lot I	of remains as aboand lagree to holind interment.	Balance due of the above nove indicated. I certifi	y and represer harmless fro
What had a second the second the second to the second t	ity to make disposition make this authorization t of said authorization a interment in lot I	of remains as aboand lagree to hol nd interment.	Balance due of the above nove indicated. I certifi	y and represer harmless fro
CUCAL ALA I hereby certify I am th and this is your author that I have the right to r any liability on account I hereby authorize the hold under deed.	ity to make disposition make this authorization t of said authorization a interment in lot I	of remains as aboand lagree to hol nd interment. Signature Address State	Balance due of the above nove indicated. I certifi	y and represer
alled ly culated ly ill am ar I hereby certify I am the and this is your author that I have the right to r any liability on account I hereby authorize the hold under deed.	ity to make disposition make this authorization t of said authorization a interment in lot I	of remains as aboand lagree to hol interment. Signature Address	Balance due of the above nove indicated. I certifi	y and represer harmless fro

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CAMPTERY PRE AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº e	33497
	From Heath Funguals	you I shop or	Dete: G-8/ Saus n.C.	Ca 92050
1	In Payment of Control		ection 3	Division /
	Acct. No	AUDITOR	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 77181 Sarvice Charges 77181 Burlel 100 Centainers 77182	3-0-
	Pre-Need At Need On Acct C	resuso ev B. Jane	Reserving from or 100 mine serving from 77182 80101 Sales Trix 8022 107AL PAID 9	180 -

ELOUZ

1000	£	USE BLACK INK-MAKE	NO ALIERATIONS OR ERASURE	ES .	1
NAME OF DECEDEN	Ť.		SEX	DATE OF BIRTH	DATE OF DEATH
	LORRAINE AGNES 1	ORTER	PERALIE	SEPT. 6, 1901	JUNE 24, 1986
PLACE OF DEATH-	OTY OR TOWN	PLACE OF DEATH—COU	NTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT
	San Diego	San Diego		Betty M. Fulls	ser - Daughter
NAME AND ADDRES	S OF FUNERAL DIRECTOR IOR PERSON A		CALIFORNIA LICENSE NUMBER	22416 IAttle 1	Clondike Read
	Heath Funeral Mos	10	807	Bamona, CA 9	2065
*	TYPE OF PER	MIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES OF	F DISPOSITION	3391175
1. BURIAL IIN	CLUDES ENTOMBMENT)	5. DISINTERMENT ENTOMBMENTI	AND BURIAL (INCLUDES	8 DISINTERMENT AND I	REINTERMENT OF CREMATED INURNMENT)
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT.	CREMATION, AND BURIAL	9 DISINTERMENT OF CR	REMATED REMAINS AND THAN IN A CEMETERY
3. CREMATIO CEMETERY	N AND DISPOSITION OTHER THAN IN A	T DESCRIPTION AND PROPERTY	Produced Company Company		FRIE LINE GALLY
4 SCIENTIFIC		OTHER THAN IN	CREMATION, AND DISPOSITION A CEMETERY	□ 10 DISPOSITION PENDIN	ER'S USE ONLY
	NAME AND ADDRESS OF CEMETERY V	WHERE REMAINS OR CREM	ATED REMAINS ARE TO BE INTERRE	o co	UNTY
INTERMENT			, San Diego, CA	- V - S	San Diese
CREMATION	NAME AND ADDRESS OF CREMATORY			SIGNATURE OF PERSON IN	CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTI	ON SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DI	SPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the premains of the above named dec	edent under provisions o	f the Health and Safety Code,	SIGNATURE OF APPLICANT	
APPLICANT	and I hereby acknowledge that t this permit gives no right of unre			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE 83. OC		SIGNATURE OF LOTAL REG	TRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	2 7 1986 SIGNA	ATURE OF PERSON IN CHARGE OF I		NUMBER OF CREMATED REMAINS R. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			

COPY 2 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. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Wirgo Die

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-25-86

of	nun a	· Cas	tro	/
ina Bell	Fu	neral, date, time	700 9	27 2:00
Churph, Chapel, Graveside			Paris	Mortuary
All Funeral cars must arrive	e before 3:30 p.m.	of regular work	day or an extra ch	arge will be applied
and billed to undersigned. \	War time veteran .			
63 . 1	1		1	- 11
Lot Grave	Row	Section	Division	/Black /
Grave space & Care Fund	Pa	n herd		
Additional spaces and care	fund	n	CONTRACTOR	\sim
Opening/Closing & Setup	Gue (Paul		
Burial Container			7	1000
Handling Fees		イー		1450
Flower vases - Marker setti	AND DESCRIPTION OF THE PARTY OF	2.0		STREET, STREET
Recording and filing fee	30,1		l I	350
Sales taxes	MT. HOPE	CEMETERY	1	60
. 11 11 1	CITY of SAM	DIEGO; CALL	tal Due	2860
led by	ma . a Paid re	ceipt number _	33502	286 0
160	mer -	-	Balance	dua -D
			Delaric	Area
			- CANADO AND	ve named decedent
I hereby certify I am the	acates diseaseleles		or the abo	Line of the control o
and this is your authority to that I have the right to make	this authorization	and lagree to he	pove indicated. I c	ertify and represent etery harmless from
and this is your authority to that I have the right to make	this authorization	and lagree to he	pove indicated. I c	ertify and represen etery harmless from
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter	this authorization aid authorization	and lagree to ho and interment.	pove indicated. I c	ertify and represent etery harmless from
and this is your authority to	this authorization aid authorization	and lagree to ho and interment. Signature	pove indicated. I c	ertify and represen etery harmless from
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter	this authorization aid authorization	and lagree to he and interment. Signature Address	pove indicated. I c	etery harmless from
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter hold under deed.	this authorization aid authorization	and lagree to he and interment. Signeture Address State	pove indicated. I c	ertify and represent etery harmless from Zip Cosk
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter hold under deed.	this authorization aid authorization	and lagree to he and interment. Signature Address	pove indicated. I c	etery harmless from
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter hold under deed.	ment in lot	and lagree to he and interment. Signature Address State	ove indicated, I cold Mt. Hope Cem	etery harmless from
and this is your authority to that I have the right to make any liability on account of s I hereby authorize the inter hold under deed.	ment in lot	and lagree to he and interment. Signeture Address State	ove indicated, I cold Mt. Hope Cem	etery harmless from

•	OFFICIAL RECEIPT WANTE TO CUSTOMER CAMARY CENSTERY PINK AUDITOR GOLDENROO RETAIN From: August Castro From: August Castro Retain	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 13450 Lan	Dete: 6/3	33502 0/86 19 Lakent 92040
poor	In full payment of A Via bases Lot 53 Grave		ection _	286 00 Jun Lastro-du
100	Invoice No. Acct. No. E 6003 Unpeid Balance after this Payment Pre-Need At Need On Acct Ck Q Gash 644 60 796 4 51/48	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PARTY SETTING FRACE. CITY AUDITOR JUL 08 1986	CREDIT 20% Sales Care 77184 Solo Sales Care 77184 Solo of Late 77184 Openings & 100 Service Charges 77181 Solo Containers 77182 Resording fees or 100 mile: service fees 77183 Sales Tax 9020 TOTAL PAID 6	18000

E0003

PERMIT FOR SPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Arthur Lother Castr	o, Sr.	SEX male	DATE OF BIRTH	1901 DATE	OF DEATH
PLACE OF DEATH—		PLACE OF DEATH—COUNTY IOR	STAYE IF NOT IN CALIFORNIA: LIFORNIA LICENSE NUMBER	NAME AND ADDR	RESS OF SPOUSE OR	OTHER INFORMANT
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT AND BURENTOMBMENT) 8. DISINTERMENT, CREMATI (INCLUDES INURNMENT) 7. DISINTERMENT, CREMATI OTHER THAN IN A CEME	IIAL IINCLUDES ION, AND BURIAL ION, AND DISPOSITION	B DISINTERME REMAINS IN DISINTERME DISPOSITION	NT AND REINTERMEN ICLUDES INURNMENT NT OF CREMATED RI N OTHER THAN IN A CORONER'S USI N PENDING	EMAINS AND CEMETERY
INTERMENT		3751 Market, San	Diego, Ch.	rover	COUNTY Mag	
CREMATION BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	NAME AND ADDRESS OF CREMATORY W			P	TY OF DISPOSITION	IF CHEMATORY
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the He espass and nuisance laws apply	alth and Safety Code, and understand that	SIGNATURE OF AIL DATE SIGNED	PLICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E MO IS THE	JUN 2 6 1990	SIGNATURE DEC	CALEGO TRASS	UING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED GO	37 8 SIGNATURE OF	PERSON IN THIR RESTOR	POSITION	LICENSE NUMBER O DISPOSER, IF APPLIC	OF CREMATED REMAINS CABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH		*		

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

MT. HOPE CEMETERY

INTERMENT ORDER

Maro-

City of San Diego

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ou are hereby aythorized and instructe	d, subject	to your rul	les and re	gulations,	to inter the	remains
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Il Funeral cars must arrive before 3:30						annlind
		D WO	k uay or a	iii extra ciii	aige will be	арриец
nd billed to undersigned. War time vet	eran	<i>L</i> .	24.0			704704
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Walter Williams Contact Manager					^	100
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hereby certify I am the	shan	٣		of the abo	ve named i	decedent
nd this is your authority to make disponant I have the right to make this authori	sition of re	emeins as	above in	dicated. I c	ertify and n	epresent
ny liability on account of said authoriz	ation and	interment				
		And		om.	Lans	,
hereby authorize the interment in lot I old under deed.		Signature	> [98	550	100	DT 1
grature of recorded helder of deed		Address) (0	0	212
protours or recorded rectain of deed		Stete	0.5	7	-	Zip Code
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E cons	1	Invoice	# 4	730	0	
Vork Order # E 6004	ē.	Acct. #	0	1802	7	
EASTERN DISE						

. * E4004 Low or more 15000 30 day on B 20000 - down 200-30 ley 200 - 60 day 256 96 days

W.O. NO. E 6004.

NOTE-STRAIGHT

: 8562 - 30 doup -	San Diego,		June 27.	19.86
Mt. Hope Cemetery or S	an Diego City	Treasurer	d, the undersigned maker(s) promise(s) to pay to
3751 Market St., San	Diego CA 921	02	×	, or order
the sum of Eight Hendel with interest from July 2.	fiftyseg o	Julioù -	on the unpaid	DOLLARS, principal at the rate of
Should interest not be paid when due interest when due, the whole sum of prin holder of this note. Interest after maturity will be jointly a hereof before, at or after maturity, and waiv person who signs this note agrees that recaction be instituted on this note, the under	, it shall thereafter bear cipal and accrued intere vill accrue at the rate ind nd severally liable and c es presentment, demand ourse may be had agains	like interest as the ist shall become immodicated above. Princip onsents to renewals. If and profest and the ist his/her separate play such sum as the temperature.	ediately due, without notice all and interest are payable replacements and extension right to assert any statute of roperty for any obligation of	e, at the option of the in lawful money of the ns of time for payment I limitations. A married ontained herein. If any
MAKE ALL PAYMENTS AT M	T. HOPE CEMET	ERY OFFICE	Mailing	Address

PERMIT FOR DESITION OF MAN REMAINS

E4004



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	ORETTA JOY LANG		SEX	DATE OF BIRTH	DATE OF DE	
		PLACE OF DEATH—COUNTY IOR	STATE IF NOT IN CALIFORNIA	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Issae M. Lang (Husband)		
NAME AND ADDRES	SS OF FUNERAL DIRECTOR (OR PERSON AC	CTING AS SUCHI	IFORNIA LICENSE NUMBER	3636 Del	Sol Blvd. Apt , CA 92154	
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION		
IX1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BUR ENTOMBMENT)	NAL IINCLUDES		NT AND REINTERMENT OF CLUDES INURNMENT)	CREMATED
STORES IN MERCHANISM	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CREMATI			NT OF CREMATED REMAIN OTHER THAN IN A CEME	
☐ 3 CREMATIO CEMETERY	OTHER THAN IN A CEMETERY			FOR C	CORONER'S USE ON PENDING	ILY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	751 Market StSax	n Diego, CA		San Diego	ŭ
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATI	ED DATE CREMATED	SIGNATURE OF PE	ERSON IN CHARGE OF CRE	MATORY
BUHIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION SUFF	ICIENT TO IDENTIFY FINAL	PLACE AND COUNT	y of disposition	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that In	dent under provisions of the No	alth and Safety Code,	SIGNATURE OF AP	PLICANT	
	this permit gives no right of unrest		\$5555000000000000000000000000000000000	CICNATINE DE LO	CAL SECTION DAD SECTION	AC MUT
LOCAL REGISTRAR	OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE 13.00	Dhan 3 0 1886	P FU070000	LA CAMPA,	D C
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		VEN DATE)	PERSONAL CHARGE OF D	ISPOSITION	LICENSE NUMBER OF CREE DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEADY				

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

MT-HOPE CEMETERY INTERMENT ORDER City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 ... Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees . Flower vases - Mark Recording and filing fee ... Sales taxes Paid receipt number Balance due

I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	and lagree to hold Mt. Hope Cam-	we named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	State	Zip Code
	Telephone	
Work Order # E 6005	Invoice #	

PY-593 (REV. 9-85)

9-30-86 33781 80°0 38800 0429-87 34499 30°0 368°0 368°0 368°0 P.O. 30x 2068

IAME Long				ACCT. NO.	E-6005
700	828 Bagley, Apt. C 29 Palms, Ca 92277 RA	TING		LIMIT	
DATE	ITEMS	DEB1	-	/ CREDIT	BALANCE
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AIGNER FORM NO. 25-204

OFFICIAL RECEIPT

Nº 37503

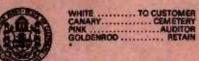
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

PINKAUDITOR	264-3151			Market No.
		Date:	3.13	10,09
From: Cleffed On	Address: SBZB V	1-11 necy	11 C 29	the me
twente no	100	Dol	llara (\$ 20 -0	0,
In Payment of	redit dot Sal	-	New Visitor	-
		1	W 5 5 50	
Lot: 1/8 Grave	Row S	ection/	Division /	1
Involce No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 30% Sales Care	67007 77184	
Acct. No.		90% Sales of Lots	77184 20	00
wo c-6005		Opening/ Closing Burial	77101 100	1
BALANCE DUE 318.60		Containers	77182 C/TV -	100 m
		Handling Fee Recording & Mac. Fees	77185	DITOR
Pre-Need Lot At Need On Acct		Pre-Need Trust	MAR T	100
Pro-need Trust Cash Check	Anthe h	Sales Tex	80101 78390	1989
AC-212 (Rev. 10-87)	ISSUED BY 1414 1019	TOTAL PAID	20	100

34499 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA E10005 PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 254-3151 Payment of Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 80% Sales Acct. No. of Late Surial BALANCE DUE \$3680 Handling Fee 77183 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Spins Tax ISSUED BY JS TOTAL PAID AC-212 (Rev. 11-86)

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OFFICIAL RECEIPT



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

E 4005 Nº 33781

		Date: 64 30		16
From: Clares Can Marie	Address: Self all	Dollars (\$	100	-1
Lot Grave	Row S	ection /	Division Block	7
Invoice No. Acct, No. W.O. E. (CCC) Ungaid Salance after this Payment # 38822	NOT VALID FOR PURPOSE STATED UNLESS STAMPED CHILL AUDITOR 003479	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184	61	
Pre-Need At Need Con Acct Con Con Acct Con Acct Con Con Acct Con	ISSUED BY G. SALING	Recording fees or 100 misc. service fees 77183 Botol Seles Tex 9020 TOTAL PAID \$	81	00

E4005

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Clefford Long gr.	\$1
Address P.O. Box 2008 29 Palms, CA 92277	
You and each of you are hereby notified that because of	default in payments
on that Agreement for the purchase of a before need Lot	118, Grave 2,
Row, Section/ i	n Mt. Hope Cemetery,
entered into on <u>June 27</u> , 19 <u>86</u> , by an	d between Mt. Hope
Cemetery and Clifford Long Gr. that at	
from date below, all rights you may have thereunder wil	1 be and are by this
notice cancelled and forfeited.	
	970
Dated this 13 day of March , 1995.	E. 102

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Michel of Clark
Clerical ASST. II

THE CITY OF SAN DIEGO 3751 Market Street San Diego, California 92102

FIRST-CLASS

ml



llefford Long gr. P. O. Box 2068 29 Palms 19 92277

Mahanlahan Mhanalahahahahahan adalah dalah dalah



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
Business hours 8 a.m. to 4 p.m.
264-3151
Monday thru Friday • Gates open daily

February 22, 1989

Clifford Long, Jr. 5828 Bagley, Apt. C 29 Palms, Ca 92277

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Mt. Hope Cemetery

INTERMENT ORDER

MT. HO	OPE CEMETERY
ON INTERM	IENT ORDER
Cult Pale City	of San Diego
Contract	Dete 6 27/86
	ALIGNED AND AND AND AND AND AND AND AND AND AN
fou are hereby authorized and instructed, sub	jest to your fules and regulations, to inter the remains
of) arec
Vault/Line	meral, date, time
Church, Chapel, Graveside	1:559 EE 12 Would hold
	of regular work day or an extra charge will be applied
billed to undersigned. Wer time veteran	
ot 34 Grave 2 Row =	Section 3 Division/Block /2
	11010
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	Von
landling Fees	
lower vases - Marker setting fee	
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salos taxos	1/2/65
on Crewson 6/	2 - / Or Total Due 49d
Pard re	sceipt humber 33495 50 5
	Balance due 444d
0.0	(pper)
hereby certify I am the and this is your authority to make disposition	of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	and lagree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I hold under deed.	Styrusture
	Address
lignature of recorded holder of deed	State Zip Code
	Telephone
F 0000	Invoice #
Nork Order # E 6006 #-1/352	Acct. #
Y-682 (REV. 8-85)	
#11352	

7/9/86 33538
- 100.8/13/86- 33644 (#6#10)

8/13/86- 33644 (#6#10)

9-29-86 33774

245-00

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OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY MINK AUDITOR GOLDENHOO RETAIN From: Maline Bayle	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 24.9 W. Ay	Nº 33495, Date: 6/27/2/69 2000/ J B 92///	The second second
In Dylot Payment of Call Lot 34 Grave Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	ection Division Sheet One can Sheet One can Sheet One can Sheet	
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OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

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From Bully Ine BAXTER	Address: 1473 Ebbs .	St. St. Dien	0 92114
In PART Payment of Co	10/4x #1;2,	3, 4 + 5	100.00
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OFFICIAL RECEIPT -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Egged		
WHITE TO CUSTOMER CANARY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº /	33644	
Bally be Bay	tung Address: 1473 EPGs St	Date: 8/12/	14	19
In Part Payment of Pur Coupon # 6-7	- Need Culit lale - 8-9-10 (Total of 5	(0.20°)		N. C.
Lot 34 Grave	NOT VALID FOR PURPOSE STATES AND GRANIES	ection 3 CREDIT 67007 20% Sales Care 77184	Division /	2
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OFFICIAL RECEIPT ELOOG CITY OF BAN DIESO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33774 **MOUNT HOPE CEMETERY** PINK AUDITOR GOLDENBOD RETAIN 264-3151 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No Acct. No. OCT 0 2 1986 Unpaid Balance after this Payment On Acct AC-212 (Nev. B-86)

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MT. HOPE CEMETERY

INTERMENT ORDER

	City of San Diego	/	/
	VEMICH	Date _6/2,	7/86
You are hereby authorized and instructe	d, subject to your rules	and regulations, to inte	f er the remains
of frances	Manuel		
in a Level Venhaine M	Funeral, date, time	Tues -/13i	6//
Church, Chaper, Graveside	unile of	ahon-ande	Mortuary
All Funeral cars must errive before 3:30	p.m. of regydar work	day or an extra charge	r will be applied
and billed to undersigned. War time vet	eran No		
Lot 67 Grave & Bow	Section	2	. 1/
Lot Grave How _	Section	Division 4	2/00
Grave space & Care Fund	*************		250
Additional spaces and care fund		rom	
Opening/Closing & Setup			320
Burial Container			100
Handling Fees		********	1420
Flower vases - Marker setting fee		************	_
Recording and filing fee		•••••	3100
Sales taxes j			_68
Sales taxes	To	tal Due	856 8
00 3000	aid receipt number _	33516	356 "
00-00-1	ara recorpt number _	Separation S	5000
,	100	Balance due	100
I hereby certify I am the	usband	of the above na	med deceden
and this is your authority to make disport that I have the right to make this authori		ove indicated. I certify	and represen
any liability on account of said authorize	ation and interment.	~	
	Bu	medite.	1.
I hereby authorize the interment in lot I hold under deed.	Signature	Blenton 1	*
Signature of recorded hadder of deed	Address	min Ca	
	South	2-1531	Zio Code
	Talaphona	- 2227	_
	G1 35 + N	045079	7
Work Order # E 6007	Invoice #	0180 35	
Work Order # E DUU!	Acct. # _	010000	

20 % of 0

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E6007 Nº 33516

From Dosalo V	emich.	Address: 8401 Dente	Dete: July ST. La Me	3 ,1 SA CA 92	086
In DOWN - Peyment		NIERMENT fees for	Dollars (6	356.00	
LOT 67		100	ection 2	Division /	
Invoice No.		HOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THE SPACE ITY AUDITOR TO THE SPACE ITY AUDIT	CREDIT 87007 77184	50	00
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after this Payment	200.	1986	Burial 100 Containers 77182	S TO SEE	1
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Ck Cash X			Spice Tax 8020	25	14 2
AC-212 (Ray A-85)		ISSUED BY	TOTAL PAID	306	0

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY. CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Deval Venul	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Dete: 8/8/	33636 86 2 9209	9
	010020	Row S NOT VALID FOR PURPOSE STAMPED "PAID" IN THIS SPACE. AUTOM	Dollars (90) Action 2 CREDIT 577184 2006 Selve Care 777184	200 g	de
•	W.O. E-6007 Unpaid Balance after this Payment 300 9	Seesen State	Openings & 100 Service Charges 77181 Stanial 700 Containers 77182 Recording fees or mino: service fees 77183 Satist Tax 8020 TOTAL PAID &	200	00

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

PAID INVOICE REPORT BY DEPARTMENT AS OF 08/25/86

DATE: 08/25/86 TIME: 223548 PAGE: 5

DEPARTM	ENT 072	PR	DPERTY DEP	T-MT I	HOPE	CEMETERY
INV	INV	ACCT NO	CUSTOMER	NAME		

NO	DATE	ACC T NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	7/0	PAYM CATE OPER	BY	PAYM REF N EQ FAC	ACCOUNT OF THE PARTY OF THE PAR	Part - 10 (1) 17 - 17 (1) 17 (1)	UNT PAID	AMOUNT	BILLED		NPAID ALANCE
045079	07/16/86	018030	100 100 100 100 60101	EMICH 072 072 072		77181 77182 77183 9020	0000	72	, JV	JV2130	3		200.00 85.60 40.00 72.00 2.40		500.00	PARTIAL	300.00 PAYMENT
	OF INVOI			00.00													

•	OFFICIAL RECEIPT WHITE TO CURTOMER CANDIDOR PINK GOLDENROO RETAIN From: Devald Venuck	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	E4007 Nº 33707 9-4 Nº Ja Mena Ca 920	1086
	in art Payment of F. J.	and notion	Dollars (8 200)	10
	Invoice No. 045079 Acct. No. 018030 W.O. 6007 Unpaid Balance after this Payment \$10009	NOT VALID FOR PURPOSE STATEMUNESS STAMPED PAID IN THIS SPACE CETY TREAS. SEP 08'80 86	CREDIT 2016 Sales Care 77184 80% Sales Care 77184 80% Sales 100 of Lete 77184 Openings & 100 Service Charges 77181 Surist 100 Caresinors 77182	
	Pre-Need At Need On Acct C	ISSUED BY BOAN	Recording fees or 100 miles, service fees 77183 60101 8010 TOTAL PAID 8 000	00

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/10/86

DATE: 09/10/86 TIME: 211539 PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV	INV	ACCT NO	CUSTOMER FUND	NAME	ORG	ACCT	J/0	DATE OPER	BY BN/E	PAYM REF NO G FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPA ID BALANCE
045 079	07/16/86	018030 E 1600 7	DGNALD VI 100 100 100 60101	EMICH 072 072 072		77181 77182 77183 9020	0000	72	6 CK	436	200.00 85.60 40.00 72.00 2.40	500.00	PARTIAL PAYMENT

OFFICIAL RECEIPT

WANTE TO CUSTOMER
CAMARY CEMETERY
PARK ALDITOR
GOLDENROO RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 10/16/86 E2007 Nº 33823

GOLDENROO RETAIN	264-3151	10-9	2/
From Amald Vinu	ik am 840 dent	Date: 10	92141
Concountred a	und not 100	Dollars (8,	1000
In full Payment of 1	innece Vinuen	Muite	
Lot 67 Grave	/es	ection A	Division //
Invoice No. 045179	NOT VALID FOR PURPOSE STATED VALLES STAMPED PAID' IN THIS SPACE.	CNEDIT 87007 30% Sales Care 77184	
Acct. No. 018636		80% Sales 100 of Lats 77184_	
W.O. E - COCT		Openings & 100 Service Charges 77181 _	
after this Payment		Surial 100 Conssiners 77182	100
5 D A		Recording fees or 100 miss, service fees 77183	The state of the s
Pre-Need At Need On Acct On Ac		Sales Tex 8080 _	
AC-212 (Rev. 8-89)	ISSUED BY DI AMM	TOTAL PAID	100 00

045079	07/16/86 018030 EU007	DONALD VEMICH 100 072 100 072 100 072 60101	说说	77161 77162 77183 9020	10/09/86 000072 000072 000072	CK 223103865	100.00 42.80 20.00 36.00 1.20
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00.00 PAID IN FULL

PERMIT FE DISPOSITION OF HUMAN REMAIN

: 0

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T		ACRES OF THE PARTY	SEX		DATE OF BIRTH		DATE OF DEATH	
Prances An	n Vemich			Fema	le	March 19	1928	June 27. 19	986
PLACE OF DEATH-		PLACE OF D	DEATH-COUNTY H	OR STATE IF NOT	IN CALIFORNIA!	NAME AND ADD	RESS OF SE	POUSE OR OTHER INFO	RMANT
San Diego		San Di	ego			Mr. Donal	d Vem	ich (Husband)
	S OF FUNERAL DIRECTOR FOR PERSON AS	TING AS SUCH	0	P296	rse number	La Mesa,		16.0	
	TYPE OF PERA	WIT, CHECK	ONLY ONE OF T	HE FOLLOWIN	IG TYPES OF	DISPOSITION			
I BURIAL IIN	CLUDES ENTOMBMENTI		SINTERMENT AND E	BURIAL (INCLUD	ES		ENT AND RE	INTERMENT OF CREMA	TED
PROCESSOR CONCESSOR	N AND BURIAL (INCLUDES INURNMENT)		SINTERMENT, CREMICLUDES INURNMEN		RIAL			MATED REMAINS AND HAN IN A CEMETERY	
4 SCIENTIFIC			SINTERMENT, CREM THER THAN IN A CE		SPOSITION	FOR		R'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W. Ht. Hope Cemetery, 3					92101	Sau	nTY n Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAIN	NS ARE TO BE CREM	ATED DATE O	REMATED	SIGNATURE OF	PERSON IN	CHARGE OF CREMATOR	IY.
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTH	er description su	JFFICIENT TO IC	DENTIFY FINAL	PLACE AND COUN	ITY OF DISE	POSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMA	INS						
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	dent under espass and :	provisions of the nuisance laws ap	Health and So ply and under	fety Code, stand that	SIGNATURE OF A DATE SIGNED	PPLICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS	H PROVISIONS DE AND IS THE	AMOUNT OF FEE P.		RMIT ISSUED. 0 1986	SIGNATURAGE L	OCAPAGES	PAR ISSUING PERM	· 9
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	NER DATE	SIGNAPUR	OF PERSON IN	HARGE OF E	DISPOSITION		IUMBER OF CREMATED IF APPLICABLE	REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF	DEATH	0					

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

Case mest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-27-86

You are hereby authorized and instructed, subje	ect to your wes and regulations, to inter the remains
of <u>faineren</u>	eg white
in aFun	neral, date, time 130 /3
Church, Chapel, Graveside	, So Ca C B Mortuery
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _	Desp-Bu-
Jula 1	
Lot TT Grave Row	Section Division/
Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	<u> 90</u>
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	4.4.
Recording and filing fee	
en e	
~ 00 0 M	Total Due
alledby	30 MOVE MEN AND AND AND AND AND AND AND AND AND AN
	ceipt number
hark (County	Balance due
I hereby certify I am the	of the above named deceder
and this is your authority to make disposition of that I have the right to make this authorization of	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	ind interment.
I hereby authorize the interment in lot I hold under deed.	(Juney of Sh
Commission of the Commission o	Address
Signature of recorded holder of deed	Same Zip Cox
	Telephone
	Tetaphona OUCA D2
West Order # E 6008	Invoice # 045083

				CERTI	FICA	TE O	F DE	ATH						
	STATE FILE NUM			1000	ATE C	F CALIF	ORNIA	45				RICT AND C		
	IA. NAME OF D	ECEDENT-FM	7 18. MIDOL			IG. LAST			1	ZA. DATE	OF DEATH	MONTH. D	AY. YEAR)	28. HOUR
	Kathe	rine	! Lo	ouella	Vicennian	1	White			June	e 27,	1986		0658
	3. SEX 4.	RACE/ETHNICITY		5. SPANISH/F		6. DATE	OF BIRTH		13	7. AGE	IF UND	ER I YEAR	IF UNDER	24 HOURS
-	Female	White		NO.		Inc	e 27	1931		55 _{YEA}	MONTH	DAYS	HOURS	MINUTES
DECEDENT BEATER OF THE PERSONAL DATA	BATHPLACE OF	100 AC (1,000 1886)	S. NAME AND	BETHPLACE	OF FATHE		C 21	, 1731	- 13			BIRTHMACE	OF MOTH	-
] W. VA		Unk.	Unk. Peters							A Company of the Comp	ո k .–Մ	and the second second	
	U, S. A.	MILITARY NEG	NAME OF SERVICE.			2 SOCIAL SECURITY NUMBER 13 MARITAL STATUS 527-72-4433 Widowei		CAROLE .	HRYH MAME		VING SPOL	ISE OF WI	FE, SHIFF	
	15. PHIMARY OCCU	PATION	16. NUMBER C	P YEARS	17. EM	LOYER OF S	LP-EMPLOY	ED. BO STATES		18. KIND 0	P INCLISTRY	OR BUSINE	5.8	- 0.
	Homemake	r	THIS OCCUPATION		Self-Employed					Homen	nakin	o		
	19A. USUAL RESEN			AND MANAGED			861	-		ISC. CITY		CKIL	5	
202000	12651 1	aurel S	trant	# /.		1					T - 1-			
USUAL.	190. COUNTY	aurer 5	creet	#4	119E STATE 20. NAME A			ME AND	ADDRES		side	ELATIONE	-	
DENCE	THE RESERVE OF COLUMN				1			20.10		Audited		rummara 1		
	San Die		3155-3	- 33		CA	2	V a	ther	-ine	F W	nite	(ner	1
	21A, PLACE OF D	DEATH			SIM.	COUNTY						reet		• /
PLACE	UCSD	Medical (Center		1	San Di	ego			The second second			#4	
DEATH	21C. STREET AD	DRESS (STREET A	NO NUMBER OR	LOCATION)	210.	ITY OR TO	WW	La	Kesi	ide,	CA 92	2040		
	225 D	ickinson	Street			San Di	eg0	900	12					
CAUSE OF DEATH	EX. DEATH WAS CAUSED BY: SENTER ONLY ONE COMMITTEE CAUSE COMMITTEE BASE TO THE BASE TO THE BASE THE UNDERLY CAUSE. LYBIG CAUSE LAST. EXAMPLE TO ON AS A COMMITTEE OF THE UNDERLY COMMITTEE OF THE				ury	ac Arrest				6 hrs	APPROXI- MATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO COMMENT? YES 25. WAS BIOPSY PERFORMED NO 26. WAS AUTOPSY PERPORME NO		SRPORMED
200	22. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OF 221 TYPE OF OPERATION DATE None Emergency Laparatomy & Thoracotomy 6-15-86													
PHYSI- ON'S TIFICA- TION	28A. I CERTIFY THOUR, DATE AND STATED. I ATTEMPED DECEDIOR MONTER MO. DA.	PLACE STATED F	SAW DECEPTA	T ALIVE	7.00.00	PHYSICIAN	S NAME	AND ADDRES	22	_6-27- 5 Dic	-86 kinson	G 56 Stree	844 et	ISE NUMBE
- C	5-29-86		5-26-86		Ed	ward S		en, M.D.	Sa	n Die	go, CA	9210)3	
30	29. SPECIFY ACCIDE	NT, SUICIDE, ETC.	30. PC	CE OF INJURY			31. 1	LIURY AT WORK	32A. E	ATE OF MUN	MY-MONT	H. DAY, YEAR	328L H	NA.
WHOMMA-		2	_1				_ 1					202	1	10.54
TION	33. LOCATION (5	TREET AND MUMBER	OR LOCATION A	NO CITY OR TO	WHO	34. D	ESCRIBE H	O YRULHI WO	CCURRE	D (EVENTS	WHICH RESU	KTED IN IN, W	my)	- 39
CORONER'S														
ONLY	35A. I CERTIFY THE THE CAUSES STATE							CORONER—	SONATURE	E AND DEGR	EE OR TITLE		35C. 04	TE SIGNED
36. DISPOSIT	ION (37. DATE-	MONTH, BAY, YEA	1 (30. NAME A	ND ADDRESS C	P CEMETE			10	Assess:	30. EM	ALMEN'S L	CENSE NUMB	ER AND SK	WATURE
	68/01/1 (\$66/140045600)			NO.545634830770			San D	iego, Market	CA	S ADALES INT	MERCHOSSICO			
Buria		The state of the s		Hope (St.			Embal		
SOUTHE	RY SERVICEN	IA CREMA	TION	LICENSE NO	4	LOCALR	EGISTRAR-	—RIGNATURE			42 ba	TE ACCEPTED	WY LOCAL	REGISTRAS
STATE REGISTRAR	Α.	0.		C			D.			E.		P.		
	10/00			-	= 8		1		1		2			270

E1008

PERMIT FOR SPOSITION OF HE N REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	herine Louella Whi	lte	Pemale	6-27-1931	6-27-1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY FOR San Diego		A CONTRACTOR OF THE PROPERTY O	POUSE OR OTHER INFORMANT
7801 HISSI	OF CHARLES SHAFFING	HONTAL SERVICE CA	F-1357	12651 Laure Lakeside, C	
9 3	TYPE OF PERA	AIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION	
BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BUILDING ENTOMBMENT)	RIAL (INCLUDES	8 DISINTERMENT AND REPRESENT STATES INCLUDES IN	EINTERMENT OF CREMATED
2 CREMATION	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMAT		9. DISINTERMENT OF CRE	
CEMETERY		2 DISINTERMENT, CREMAT		FOR CORONE	R'S USE ONLY
4. SCIENTIFIC	USE	UTHER THAN IN A CEM	ELERY	10 DISPOSITION PENDING	
INTERMENT	Mt. Hope Cemetery W		MAINS ARE TO BE INTERRE	Siego, CA cou	NTŠan Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMAT	ED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	INE, OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DISE	POSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre	dent under provisions of the He	alth and Safety Code,	SIGNATURE OF APPLICANT DATE SIGNED	
APPLICANT	this permit gives no right of unresh	[14] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			WATER CO.
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE \$3.00	7717 0 3 1986	SIGNATURE OF LOCAL REGIS	STRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON LIEN	3 1986 SIGNATURE OF	F PERSON IN CHARGE OF D		NUMBER OF CREMATED REMAINS , IF APPLICABLE
IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	u _e		

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

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/08/86

DATE: 09/08/86 TIME: 233032 PAGE: 5

DEPARTMENT 072

PROPERTY DEPT-NT HOPE CEMETERY

NO INA	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	: ORG	ACCT	1/0	PAYM DATE OPER	PD BY BN/	PAYM REF NO EQ FACILI	AMOUNT PAID	AMOUNT BILLED	UNPA ID
045083	07/16/86	000952	100 100	F SAN 072 072	DIEGO	77181 77184	0000		CK	04678742	145.00 90.00 55.00	145.00	PAID IN FULL

MT. HO'L CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30 /86

Elitt mate	ject to your rules and regulations, to inte	r the remains
in a Topleal Fu	novel doze time 7/1/11:30 Am	Tues
Church, Chapel, Graveside Claful	95 Jawes Colonie	Mortuary
	of regular work day or an extra charge v	1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
and billed to undersigned. War time veteran .	16	NO SACING PERMANENA
or 151 Grava 2 Row -	Section 4 Division	. 7
	0	
Grave space & Care Fund J. Y.	ma A-34.	
Additional spaces and care fund	none	3000
Opening/Closing & Setup 7	····4·································	320
Burial Container A free ax	nell	1/1
Handling Fees	Oustalation	1700
Flower vases - Marker setting fee		7700
Recording and filling fee		<u> </u>
Sales taxe		10/10
0.00	Total Due	7/000
JUN 30 Raid re	pel, Graveside Claput Sor, Surve Calonia Mortuan cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied to undersigned. War time veteran Sor and Section Division States and Care Fund Section Division Division Section Division Division Section Division Divi	
MT. HOPE CEMETERY	Balance due	0
hereby certify am the here	2 of the above page	med decodent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify a and I agree to hold Mt. Hope Cemetery h	and represent
I hereby authorize the interment in lot I hold under deed.	y . A or bor College	Fredel
note oncer deed.	Piddar Jures Vo	94
Signature of recorded holder of dead	43331 Parlille, Sa	
	X 046 - 23/-4428 Telephone	-08
THE TENNINGS	Invoice #	
Work Order # E 6009	Appt #	

PY-583 (REV. 6-66)

John: Lewis Colonial Elith mortinsen - des 152-2-4-7 (23) July 1- 11:30 Am Chaple 95 Popu Work - 6/30 Commy from Sweden

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANALY CEMETERY PROPERTY OF AUDITOR GOLDENAGO RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	6/30	33501 /84
>	Seven Hendy in full Payment of And	Terment fees + Van	Deta: Dollars to	7/0 50
90000	Invoice No. Acct. No. W.O. E - 6009 Unpeid Salance after this Payment	MOT VALD FOR PURPOSE STATED UNLESS STAMPED PART IN THIS SPACE ITY AUDITOR JOL 081986	### CREDIT ### 87007 ### 20% Sales Care 771.84 ### 100 of Lots 771.84 ## 100 Openings & 100 Sarvice Charges 771.81 ### 100 Containers 771.82	320 00 175 00
•	Pre-Need At Need On Acct C	Beogunt litte	Reserving fees or 100 noise. serving fees 77183 Solon Tex 80101 Solon Tex 8020 TOTAL PAID	205 50 10 50 710 50

Euco09

PERMIT FOR POSITION OF HEMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN		JULIE BLACK DAK-MAKE	SEX	DATE OF BIRTH	DATE OF DEATH
WATER WATER			female	Feb 7, 19	MINE AND
PLACE OF DEATH	And the Control of th	PLACE OF DEATH-COUR	NTY IOR STATE IF NOT IN CALIFORNIA!	NAME AND ADD	RESS OF SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR FOR PERSON AND MALERIA SERVICE SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR			Ridder Tu Portille,	resvog #4 Sweden 43300
d.	TYPE OF PER	MIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES O	F DISPOSITION	
1 BURIAL UN	CLUDES ENTOMBMENT)	5 DISINTERMENT ENTOMBMENT)	AND BURIAL (INCLUDES		INT AND REINTERMENT OF CREMATED INCLUDES INURINMENT)
2. CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT,	CREMATION, AND BURIAL		NT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY
CEMETERY		7 DISINTERMENT,	CREMATION, AND DISPOSITION		CORONER'S USE ONLY
4. SCIENTIFIC	USE	State man	A SCHICICIO	☐ 10. DISPOSITIO	N PENDING
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMI		ED	Sen Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	WHERE REMAINS ARE TO BE	CREMATED DATE CREMATED	SIGNATURE OF P	ERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTI	ON SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	dent under provisions o	f the Health and Safety Code,	SIGNATURE OF A	PPLICANT
APPLICANT	and I hereby acknowledge that to this permit gives no right of unrest			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE IN THIS PERMIT) JUN 25 1986	. Abral	DEAL REGISTRAN ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		TUBE OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF		0		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/3/86

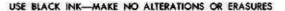
TO SECURE THE SECURE OF THE SE	WHEN THE MENTAL PROPERTY OF THE PROPERTY OF TH
You are hereby authorized and instructed	subject to your rules and regulations, to inter the remain
of cruestine H.	// Lin
ina Tas	Funeral, date, time 7/2-Wel- 2 PN
Yault/Liner	1496 6
Church, Chapel, Graveside	Mortuar Mortuar
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge will be applie
and billed to undersigned. War time vete	eran NO
20 9	
Lot 38 Grave 2 Row_	Section Division/Block
	2/
Grave space & Care Fund	**************************************
Additional spaces and care fund	<u></u>
Opening/Closing & Setup	3300
	1700
Burial Container	7.1.
Handling Fees	1/0-
lower vases - Marker setting fee	1 1704
t to the contract of	SE CEMETERY 035 00
recording and filling fee M.L. PLATE	IN DIEGO, CALIF.
Salas ravas	
4/234	Total Due //0.5
	aid receipt number 33506 710.0
20.5	
	Balance due
haraby cartify I am the Day	(2007)
and this is your authority to make dispos	ition of remains as above indicated. I certify and represe
that I have the right to make this authorize any liability on account of said authorize	ation and I agree to hold Mt. Hope Cemetery harmless fro
any national on account of said authoriza	00 0
hereby authorize the interment in lot I	Thoma C. Jahlou
nold under deed.	Signature Bart Long 62
	Frand Ouvelini CO 81506
ligneture of recorded holder of deed	State
	+ 303- 1434-3651
	Telephone () AND STATE OF THE PRODUCTION OF THE
	W75-W1 W7
E 6010	Invoice #
Work Order # E 6010	Acct. #

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº/	33506
	From Thome Che Sources of Seventeulus ten as	Lement feer Ern	Dete: Dollers (*	81506 710 E ,
000306	Lot Grave Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lote 77184 Openings & 77181	Division // Block
	Pre-Need At Need On Acct C	JUI 08 1985	Ruriel Contenter 77182 Contenter 77182 Recording fees or 100 micc. service fees 77183 60101 Sales Tax 9020 TOTAL PAID 6	1000

SKIPPED IN FOR INTERNET

PERMIT FOR SPOSITION OF HEAN REMAINS

E6010



NAME OF DECEDEN	THE H. MCLIN		Pomalo	July 11, 190	9 June 28, 1986
PLACE OF DEATH-		PLACE OF DEATH—COUNTY Colorado	(OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF	F SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR FOR PERSON A		CALIFORNIA LICENSE NUMBER		elcreek St. den, Coloredo 81504
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES OF	FDISPOSITION	1
1. BURIAL (IN	ICLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENTI	BURIAL (INCLUDES	8 DISINTERMENT AN	D REINTERMENT OF CREMATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CRE			CREMATED REMAINS AND
3. CREMATIO CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY	FOR CORC	DNER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W			D I	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	VHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	INE, OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			180
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named dece and I hereby admowledge that to this permit gives no right of unres	dent under provisions of the espass and nuisance laws a	Health and Safety Code, pply and understand that	SIGNATURE OF APPLICA DATE SIGNED	NT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE \$ 3.00		SIGNATURE OF LOCAL F	CONTRACT ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATUS NTER DATE)	OF PERSON IN CHARGE OF E	DISPOSITION LICEN DISPO	SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
TO STANDAR AND STANDARD STANDARD	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	7	276	

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

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/86

	e Settle NEY	_
10 Topsed Vault FM	neral, date, time 7/7/ Mon - 2:30	2
thurch, Chapel, Graveside Chapel	S Leve Colonel Mo	ctu
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be a	pp
nd/billed to undersigned. War time veteran _	*	
ME	21 1	1
ot Grave Row	Section Division/Black	<u></u>
Grave space & Care Fund	rud <u> </u>	
additional spaces and care fund		_
pening/Closing & Setup	(Q 32	0
urial Container	- 0 10 17	5
The state of the s	2 17	0
landling Fees		
lower vases - Marker setting fee		-
ecording and filing fee	كب	7
ales taxes		9.
which Down	Total Due 7/6	0.
THE WAY		
TAMEN OF PAID FOR	ceipt number	
dan Or	Balance due	
AT 201 MARKET W		
hereby certify I am the	of the above named de of remains as above indicated. I certify and rep	Cec
hat I have the right to make this authorization a	and lagree to hold Mt. Hope Cemetery harmles	is f
ny liability on account of said authorization a	nd interment.	
hereby authorize the interment in lot I old under deed.	Signature	_
	Arktress	_
	MATERIAL VI	Zio
	Party Comments of the Comments	200
	State	5300
	Statu. Talaphana	5500
gnature of recorded holder of deed	7stapharia 045879	5500
Work Order # E 6011		

ESTATE of Pauline Settle NEY

Attn: The Hannable Edward

Ribley Finch, Atty.

Le Boeuf, Lamb, Leiby +

McRae

520 Madison Ave

Fourth Fhoor

New York, N.Y. 10022

Estate of Pauline SeTTLe Ney Euron ATT: The Honoroble
- Edward Ribley Finish,
Attorney

Le Boeuf, Lamb, Leiby + MACRAE MADISON AVE 520 New YORK, N.Y. 10022

EWOIL MT. HOPE CEMETERY

ORDER

			0, 0,	NA PARTY	, CAE.				
					DAT	E_	June	30	19 86
CHARGE	ESTAT	E OF	PAUI	LINE	SETTI	E	NEY		
DRESS								Y.	, id
NAME OF DE	CEASED	520 M	EUF,	LAM	B, LEI	A P	h Fl	OF -	
OWNER					Y. 10			.01	
ADDRESS			FAMI	LY P	LOT				
MORTUARY _	CYP	RESS	VIE	J		_			
LOT	GR _	5_,	ow	SE	c_4	BL DI	-K 4	PrePai	đ
	IME 2:30							320	00
VAULT/LIN	ER Seale	d Va	ul tsiz	ZE	Std_			175	00
C. FEEN	Handlin	Suc Fe	e Sow		24			205	00
					Sal		Tax _TOTAL	Committee of the Commit	50= 50
PAID RECE	IPT NUMBER					_		-	
						8/	ALANCE	\$ 710	50
M	AIL CHE	CK V	IA R	ETURI	N MAII	. 1	:0:		
	мт. н	OPE	CEME	CERY	19				
	3751	Mark	et Si	-					

CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

San Diego, CA 92102

AUTHOR I ZED IN PERSON ORDER TAKEN BY George Stelter Richard PHONE BY

5252

PY-593 (4-82)

INVOICE NO.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

		DATE_Jun	e 3 <u>0</u>	19 86
CHARGEESTA	TE OF PAULINE	SETTLE NEY		
ADDRESSC/O	Edward Ridley	Finch. At	ty.	
· · · · · · · · · · · · · · · · · · ·	LeBOEUF, LAMB			
NAME OF DECEASED	520 MadfeanAva	nua 4th F		
OWNER	New York, N.Y	. 10022		
ADDRESS	FAMILY PL	от		
MORTUARYCY	PRESS VIEW	× =====	3-14-0-W-15	Grills —
g) Q)		8		
LOT GR		4 BLK 4	PrePat	d
PENING/ CLOSING TIME 2:3	O p.m. DAY DATE M	londay 7/	7 320	00
VAULT/LINER Seal	ed Vaultsize S	td	175	00
BEC FEERE Handli	DE FEE	*1	205	00
TO THE PERSON NAMED IN COLUMN		Sales Ta	100	
	<u> </u>	тот/		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MATI CU	ECK VIA RETURN	BALANC	\$ 710	50
20,000		MAIL IU:	****	
MT.	HOPE CEMETERY			
3751	Market St.			
San	Diego, CA 9210	2		
내가 하는 사람들이 하는 사람들은 사람들은 사람들이 모르겠다.	MAKES NO PROVISIONS F BY THE RULES AND REG			
WTHOR I ZED		1/20mm		
N PERSON PHONE BY Ric	hard	ORDER TAKEN BY G	eorge St	elter
.o. No. E 52	52	INVOICE NO.		The state of the s
PY-593 (4-82)			W.	

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

		DAT	E_June	30	_19 <u>_86</u>
CHARGEESTA	ATE OF PAULI	NE SETTI	LE NEY		
ADDRESSC/O	Edward Rid				4
	LeBOEUF, L	AMB, LET	IBY & M	ACRAE	
NAME OF DECEASED _	520 Madison			00r	
OWNER	New York,	N.Y. 10	0022		
ADDRESS	FAMILY	PLOT	50		
MORTUARYC	YPRESS VIEW			*-1	
6		M			
LOT GF	5 ROW	_sec 4	BLK 4	PrePa	id
DPENING/ CLOSING TIME 2:	30 p.m. DAY	Monda	y 7/7	320	00
VAULT/LINER Sea	led Vaultsize	Std		175	00
REC. FEEROEMONAL	ing Fee			205	100
HEC, PEEDNESIGNAL	A-DEGLIAN ALAS	- Ca	les Tax		50-
		sa.	TOTAL	-	-
MAIL C	HECK VIA RET	URN MAI	BALANCE L TO:	\$ 710	50
MT.	HOPE CEMETE	RY			
375	l Market St.				
San	Diego, CA 9	2102			

	MAKES NO PROVISION BY THE RULES AND				
AUTHORIZED					
IN PERSON		ORDE			
	chard			orge St	elter
v.o. No. E 5	252	10	VOICE NO		

SHIPPED IN FOR INTERMENT

PERMIT FO DISPOSITION OF HUMO REMAINS

Deoil

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Pauline Settle Hey		Fome le	March 13,	1902 June 23, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY ION	STATE IP NOT IN CALIFORNIA	Richard N	ESS OF SPOUSE OR OTHER INFORMANT
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSONS W/Bonham Brothers	59° imperial Ave. ° n Diego, CA.	670	800 S. Sar Pasadena,	CA. 91105
	TYPE OF PERA	AIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION	
BURIAL (IN	ICLUDES ENTOMBMENT)	DISINTERMENT AND BU ENTOMBMENT)	IRIAL IINCLUDES		IT AND REINTERMENT OF CREMATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMA			IT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CREMA OTHER THAN IN A CEM	ETERV	FOR C	ORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED RE			San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMA	TED DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COUNT	Y OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		ED.	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I om the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest	dent under provisions of the H espass and nuisance laws appl	ealth and Safety Code, y and understand that	SIGNATURE OF API	PLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E ANGLIS THE	DATE PERMUT ISSUED	- Abnah	REGISTAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE C		SPOSITION I	LICENSE NUMBER OF CREMATED HEMAIN: DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		

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

ATTOR	NE OR PARTY WITHOUT ATTORNEY INSHIP AND ADDRESS	TELEPHONE NO. FOR COLUT USE GIVEY
-		
		First by something 19
		idenai .
	NEY FOR INsmall	
SUP	ERIOR COURT OF CALIFORNIA, COUNTY OF	Outrieste molest
ST	MEET ACCINESS:	(dens)
	ILING ADDRESS:	/ MS
1000	ANG ZIP CODE: SRANCH NAME:	Presented to court for approved:
	TE OF INAME):	
	line Settle Ney	50000
Lau	The Settle Ney	DECEDENT
		CASE NUMBER:
	CREDITOR'S CLAIM*	rie de
	=:	
	This claim must be presented to the personal represents court in duplicate within four months after the date of fir	
	bate Code, § 700.	rat managed or letters or as provided in 170-
	DECLARATION OF CI	LAIMANT
1.	Total amount of the claim: \$ 710.50 + interest	4 6
2.	Claimant (name): Mt. Hope Cemetery	14455
	a. X an individual.	Transaction of the Control of the Co
	b an individual or entity doing business under the fictitiou	is name of (specify):
	c. a partnership. The person signing has authority to sign	on habilif of the narmership
	d. a corporation. The person signing has authority to sign	PER TO A MARKET DEPOSIT OF THE PERSON OF THE
3.	Address of claimant (specify): 3751 Market St., Sa	TO MENT TO MENT AND A TAKEN AND A TOTAL STATE OF THE STAT
		CONTROL - CONTROL CONTROL - CONTROL CONTROL -
4.	I am authorized to make this claim which is justly due or may become	ome due. To my knowledge there are no offsets or payr
	that have not been credited.	¥ 1 W
decla	are under penalty of perjury under the laws of the State of Califor	mia that this creditor's claim is true and correct
ate:	08/08/86	104 day
	A STATE OF THE STA	VAAL :
Ge	orge W. Stelter, Cemetery Manager X	Sierra Sierra
	ITYPE OR PRINT NAME AND TITLE	SIGNATURE OF CLAIMANT)
-0.01	Rems 5-10 to be completed by the pa	artificial representatives
6		
5. 6.		9. Claim is allowed for: \$
6.	Date of death:	9. Claim is allowed for: \$ Claim is rejected for: \$
6.		9. Claim is allowed for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a
6.	Date of death: This claim was presented on <i>(data)</i> :	9. Claim is allowed for: \$ Claim is rejected for: \$
6.	Date of death: This claim was presented on <i>(data)</i> :	9. Claim is allowed for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent A
6.	Date of death: This claim was presented on <i>Idata</i>): Estimated value of estate:	9. Claim is allowed for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent A ministration of Estates Act.
6.	Date of death: This claim was presented on <i>(data)</i> :	9. Claim is allowed for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent A
6. 7. 8.	Date of death: This claim was presented on /data/: Estimated value of estate: (TYPE OR PRINT NAME)	9. Claim is allowed for: \$ Claim is rejected for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent Arministration of Estates Act. (SIGNATURE OF PERSONAL REPRESENTATIVE)
6.	Date of death: This claim was presented on /data/: Estimated value of estate: (TYPE OR PRINT NAME)	9. Claim is allowed for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent A ministration of Estates Act.
6. 7. 8.	Date of death: This claim was presented on /data/: Estimated value of estate: (TYPE OR PRINT NAME)	9. Claim is allowed for: \$ Claim is rejected for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent Arministration of Estates Act. (SIGNATURE OF PERSONAL REPRESENTATIVE)
6. 7. 8.	Date of death: This claim was presented on /data/: Estimated value of estate: (TYPE OR PRINT NAME)	9. Claim is allowed for: \$ Claim is rejected for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent Arministration of Estates Act. (SIGNATURE OF PERSONAL REPRESENTATIVE)
6. 7. 8. 11.	Date of death: This claim was presented on /date/: Estimated value of estate: (TYPE OR PRINT NAME) Approved for: \$	9. Claim is allowed for: \$ Claim is rejected for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent Arministration of Estates Act. (SIGNATURE OF PERSONAL REPRESENTATIVE)
6. 7. 8.	Date of death: This claim was presented on /data/: Estimated value of estate: (TYPE OR PRINT NAME)	9. Claim is allowed for: \$ Claim is rejected for: \$ Claim is rejected for: \$ Claim is rejected for: \$ D. The personal representative is authorized to a minister the estate under The Independent Arministration of Estates Act. (SIGNATURE OF PERSONAL REPRESENTATIVE) Rejected for: \$

70711 Approved by the Judicial Council of California 7817 OE-170 (Rex January 1, 1985) P 1-63CREDITOR'S CLAIM (Probate) Pros C 705-708, 710 712-714, 717

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 number 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

199	Date of Item	kern		Amount Claimed
想	07/07/86	Pauline Settle Ney Services Lot 7 Grave 5 Section 4 Division 4 Opening/Closing Top Sealed Vault Handling Fee Tax on Vault Recording Fee		\$ 320.00 175.00 170.00 10.50 35.00
		(R): #E1	T (• 7.)	
			70	
		NOTICE		18
		State Health and Safety Code Elvision 7, Part 1. Chepter 3, Section 7101 " osts of function services, trigether with interest thereon from 64 days at or date of deeth, shall be considered as part of the functal expenses." 6 onthly interest in the amount of 7.10 will be added starting 10-7-88		
			200	ŀ
		FF FF		
				8
				2.0
			X TOTAL	X \$ 710350

Page 14

045879 08/07/86 018306	ESTATE OF PA	ULINE SETTLE NEY	08/03/86 CK	101	710.50	710.50	PAID IN FULL
E-10011	100 07 100 07	77163	000072 000072		175.00		
F-16C1	67007	9020	(2)		10.50		

NUMBER OF INVOICES PAID

4-390-50

141

MT. HOPE CEMETERY

INTERMENT ORDER

with land	City of San Diego	Date .	6/30/	86
You are hereby authorized and in of Ball Levin	structed, subject to your rule Live Live Live Live Live Live Live Live	es and regu	Artist and special	the remains
Church, Chapel, Graveside All Funeral cars must errive before	supoff	Sl(extra charge w	Mortuary.
and Miled to undersigned. War to	ime veteran Section _	Trop	Division/Block	.5
Grave space & Care Fund		XAVE	*********	
Opening/Closing & Setup Burial Container	Line	********		32000
Handling Fees				14500
Recording and filing fee			***********	3500
30day note		fotal Due .	*******	6068
	Ja. 1		Balance due	
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a	authorization and lagree to	above indic hold Mt. Ho	the above name ated. I certify a pe Cemetery h	nd represent
I hereby authorize the interment hold under deed.	3322 332	22-8	eckar	(and
Signature of resourced holder of dead	Sand 2	\$1-	857	72/0 Zip Code
Work Order # E 6012	Invoice Acct, #	# 01.	45080 8031	

PY-593 (REV. 8-85)

W.O. NO. E 60/2

NOTE-STRAIGHT : 60h00 San Diego. California. davs after date, for value received, the undersigned maker(s) promise(s) to pay to Mt. Hope Cemetery or San Diego City Treasurer or order 3751 Market Str., San Diego, CA 92102 100 the sum of DOLLARS. on the unpaid principal at the rate of with interest from 12 on demand per cent per annula, payable 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 holde; 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 sugness the Qourt may fix as attorney's fees. Mailing Address MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

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

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

PAID INVUICE REPORT BY DEPARTMENT AS OF 07/26/86

DATE: 07/26/86 TIME: 021029 PAGE: 4

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

606.00

NO	DATE	ACC T NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT		PAYM PU PATE BY UPER BN	PAYM REF NO 'EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMBUNT	BILLED		BALANCE	0000
045080	07/16/86	018031	G. ANDERS 100 100 100 60101	072 072 072 072		77181 77182 77183 9020	000 072 000 072 000 072	1/22/86 CK	222541064	500.00 320.00 100.00 180.00		606.00	PAIO	0.00 IN FULL	



PERMIT FODISPOSITION OF HUADER REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	т	30.030.040.00.000 (0.040.000.000)	SEX	DATE OF BIRTH	DATE OF DEATH
Klizaboth !	MCI Anderson		female	Dec 5, 1894	June 26, 1986
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH-COUNTY IOR S	TATE IF NOT IN CALIFORNIA	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT
San Diego		San Diego		Orville Ander	800 - 800
and the second s	SS OF FUNERAL DIRECTOR (OR PERSON AC	TING AS SUCHI	FORNIA LICENSE NUMBER	3322 Polk St.	
	MIAL/BENDOUGH 3051 K1 C		F-480	Sam Diego, CA	92104
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION	
1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BUR ENTOMBMENT)	IAL (INCLUDES	8 DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED
	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMATI (INCLUDES INURIMENT)	ON. AND BURIAL	9 DISINTERMENT OF CO	REMATED REMAINS AND
3. CREMATION CEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CREMATI- OTHER THAN IN A CEME		FOR CORON	NER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY WI		AINS ARE TO BE INTERRI	- AU (17.00)	DUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF PERSON II	N CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	INE, OR OTHER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	ISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unresh	Sent under provisions of the Hec espass and nuisance laws apply	oith and Safety Code, and understand that	SIGNATURE OF APPLICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE 83.00	JUN 3 0 1986	SIGNATOR OF LANGE	STAR ISSUING REPAIR
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	12/81 SIGNATULE	PERSON IN CHARGE OF		E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0 >	**************************************	

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

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK ALOTOR GOLDENROD RETAIN From America A horror	CITY OF SAN BIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 33592 Nº 33592 1-31 1000 92113
In Payment of Care Invoice No.	NOT VALID FOR A POSE STATED UNLESS STAMPED PAD IN THIS SPAIN THE SPAIN THE PAD IN THIS SPAIN THE PAD IN THE SPAIN THE PAD IN THE SPAIN THE PAD IN THE PAD	Dollers (\$
W.O. E - 6015 Unpaid Balance after this Payment # 9500 Pre-Need At Need On Acct C Ck Cash On Acct C	BSUED BY B. Many	Openings & 77184 Openings & 100 Service Charges 77181 Burisl 100 Containers 77182 Recording less or 77183 Recording less or 77183 Selas Tax 8020 TOTAL PAID 6 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-86

	DURSEY
no TOP SEAL VAULT	- Funeral, date, time Thu 2 P.A- //3
hurch, Chapel, Graveside	Mortuery Mortuery
Il Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge will be applied
nd billed to undersigned. War time vete	oran
ot 4439 Grave Row_	Section Division/Block
Grave space & Care Fund PRE.	- Need C-0057 -
Additional spaces and care fund	NONE
Opening/Closing & Setup	- Need E-2501
durial Container	-Necs E-2573 -
landling Fees	
lower vases - Marker setting fee	· Cue
Recording and filing fee	33.5
Sales taxes	Qotal Due 35°°
gue Tile 12 P	aid le eipt number
We We !	Balance due
harehy certify I am the EX &	Balance due State to get the above named decedent ition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the and this is your authority to make disposited I have the right to make this authorize in liability on account of said authorize thereby authorize the interment in lot I	Balance due State to get the above named decedent ition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	Balance due State to of the above named decedention of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from
hereby certify I am the and this is your authority to make disposited I have the right to make this authorizative liability on account of said authorizative the interment in lot I	Balance due State to of the above named decedention of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from the state of the state
hereby certify I am the	Balance due State to Control of the above named deceder ition of remains as above indicated. I certify and represer ation and lagree to hold Mt. Hope Cemetery harmless from the control of the control
hereby certify I am the	Balance due State to of the above named deceder ition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from the analysis of the series of th



DR. PETER MUSTRIC

THE A.I.M.
REAL ESTATE CONSULTANTS, INC.

MISSION VALLEY PLAZA 1011 CAMINO DEL RIO SOUTH, SUITE 400 SAN DIEGO, CALIFORNIA 92108

BUS. (619) 299-5870 HOME (619) 282-1710 Mr Joseph D'adderia, alty.

3320 Kemper St. - Suite 102

San Diego, CA. 92110

(619) 223-2107



PERMIT FOR ISPOSITION OF HUMAN REMAINS

.

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T	258586 <u>22532500.25</u> 46 00	nomento describirdo	SEX	DATE OF BIRTH	65	DATE OF DEATH		
ICKI. MOI DO	RSET			female	April 2.	PHOTO STORY	June 30, 1986		
PLACE OF DEATH-		PLACE OF DEATH-	-COUNTY IOR ST	ATE IF NOT IN CALIFORNIA)			POUSE OR OTHER INFORMANT		
San Diego		San Diago							
	SS OF FUNERAL DIRECTOR (OR PERSON AC	TING AS SUCHE	CALIF	ORNIA LICENSE NUMBER	Solf	by pre	-arrangement		
and the second s	IAL/BENBOUGH 3051 K1 Ca		CA	7-480	YWO THE WAY	stantiom coor.	CONTACTOR OF THE STATE OF THE S		
	TYPE OF PERA	AIT, CHECK ONLY	ONE OF THE	FOLLOWING TYPES OF	DISPOSITION				
🗊 1. BURIAL ÜN	CLUDES ENTOMBMENT)	5 DISINTERN ENTOMBN		L IINCLUDES		MENT AND RI	EINTERMENT OF CREMATED NURNMENT)		
73274 30058 8925 605 736 375 3	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERN INCLUDES	MENT, CREMATIO S INURNMENTI	N, AND BURIAL			MATED REMAINS AND HAN IN A CEMETERY		
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		7 DISINTERN	N, AND DISPOSITION	FOR CORONER'S USE ONLY					
4. SCIENTIFIC	USE	OTHER TH	IAN IN A CEMET	RY	☐ 10 DISPOSITI				
INTERMENT	NAME AND ADDRESS OF CEMETERY W				D	cou	nty n Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE	TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN	CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DES	CRIPTION SUFFIC	ENT TO IDENTIFY FINAL	PLACE AND COU	NTY OF DISI	POSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI	EIVING REMAINS							
ACKNOWLEDGMENT		his is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code,				SIGNATURE OF APPLICANT			
OF APPLICANT	and I hereby acknowledge that tre this permit gives no right of unrest			DATE SIGNED					
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	NT OF FEE PAID	JUL 2 1986	460	COCAL PRIS	BAN USUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	3 1986 ITER DATE!	SIGNATURE OF F	ERSON IN CHARGE OF D	ISPOSITION		NUMBER OF CREMATED REMAINS , IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH							

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/1/86

of Florence De	Bose Thulem 7/3
in a Sent Charles Charles	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 veter	an
Lot 105 Grave 12 Row_	Section Division/94esk
	1/01-00
Grave space & Care Fund	0 1 M / 20
Additional spaces and care fund Red.	XX 11-600000 ==
Opening/Closing & Setup	
Burial Container 1	100-
Handling Fees L. P.A.I.	U 1/45°
Flower vases - Marker setting fee	
Recording and filing fee	_36°
Sales taxes MT. HOPE CEN	AETERY 600
Shewel Tem CITY of SANDER	Total Due //0/ 2
Pai	id receipt number 335/3 110/ ==
	Balance due
, /	/ 0
I hereby certify I am the	of the above named deceden
that I have the right to make this authorizat	ion of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	on and interment.
hereby authorize the interment in lot I	Charles H. NeBne
hold under deed.	17226 Brooklaun nd.
Signature of recorded helder of deed	SAN DIEGO CA 9211
	Stense Tip Code
	Telephone
	Invoice #
Work Order # E 6014	Acct #
Work Order #	AUCH. #

	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Euo Nº	33513
	From Charles Do Brose	Quoz 1226 Broil	have D.	92114
	In full payment of An	lund fres for Florer	w De Pose	110/2 -Dec
8	Lot 105 Grave	12.6 F Row_s	ection	Division //
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	99 00
	W.O. E 6014	CID 4106';	80% Sales 100 of Late 77184	320 00
	Unpeid Balance after this Payment	IN OS MARKEN	Ruriof 100 Containers 77182	100 00
	Pre-Need At Need On Acct		Recording fees or 100 misc. service fees 77183	600
	452 19955-71	issued to revisit	TOTAL PAID .	1/01 00

. 4 .

PERMIT FOR SPOSITION OF HUMAN REMAI

· ELEVILY

DATE OF BIRTH



DATE OF DEATH

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

	Florence Ethel Bell	pse	Female	March 23,	1923 June 29, 1986
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY YOR San Diego			RESS OF SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR FOR PERSON A	CTING AS SUCH)	ALIFORNIA LICENSE NUMBER	T. (100 (100 (100 (100 (100 (100 (100 (10	rookhaven Road igo, CA 92114
	TYPE OF PER	MIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION	
1 BURIAL DIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BU	RIAL (INCLUDES		ENT AND REINTERMENT OF CREMATED NCLUDES INURINMENT)
2. CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMA			ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY
3. CREMATIO CEMETERY 4. SCIENTIFIC		7. DISINTERMENT, CREMA OTHER THAN IN A CEM	TION, AND DISPOSITION	000000000000000000000000000000000000000	CORONER'S USE DNLY
INTERMENT	NAME AND ADDRESS OF CEMETERY V	WHERE REMAINS OR CREMATED RE 3751 Hartet St.;	MAINS ARE TO BE INTERRE San Diego, CA	92102	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	WHERE REMAINS ARE TO BE CREMA	TED DATE CREMATED	SIGNATURE OF I	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COUN	of disposition
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named decr and I hereby adknowledge that to this permit gives no right of unres	edent under provisions of the H respass and nuisance laws appl	ealth and Safety Code, y and understand that	SIGNATURE OF A	PPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	H PROVISIONS AMOUNT OF FEE PAIR	D DATE PERMIT ISSUED	SIGNATURE OF	CAN RECEITRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		SIGNATURE O	F PERSONIN CHARGE OF D	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	a server	7)	

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

NAME OF DECEDENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

7/1/1/

	, value 44 4 4
You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
in a Funeral	
Veult/Liner	date, time
Church, Chapel, Graveside	; Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regu	ılar work day or an extra charge will be applied
and billed to undersigned. War time veteran	-0.0
Lot 58 Grave 12 Row - S	ection 2 Division/Block 12
Grave space & Care Fund	Ale Coyet - 4950
Additional spaces and care fund	<i>a</i> r -
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
NAME OF THE PARTY	
Sales taxes	2000
0 1 01	Total Due
7-1-86 Paid receipt r	11100
Address of the Addres	Balance due 470 -
hereby certify I am the	of the above named decedent
and this is your authority to make disposition of rem that I have the right to make this authorization and I a	ains as above indicated. I certify and represent
any liability on account of said authorization and int	e/ment.
7	V Lames . P. Joan we
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Store Zip Code
	Telaphone
E 6015	Invoice #
Work Order # E DUID	Acct. #
14 42 Q 2	of tuned
#11575 /19	as appea

445-00 335921 7-31-86 5000 39500 9-2-86 336891 5000 34500 10-3-86 337881 5000 295-00 245 N 33874 1 10-28-86 33957 50 00 11-36-86 \$19500 50 00 12-29-86 34040 (applied to Trust) 145 00 50 00 01-26-87 341351 95,00. 02-26-87 34239/ 4500 45 00 03-26-87 3435 -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 Nº	33508
C	In The sext on Paymont of Per	ed address: 2211.36th	Dollars (921/3
9	Lot 58 Grave		ection 2	Division /2
Name of the last	No. F-60/5 Unpeid Balance 4445	HOT VALUE FOR PURPOSE STATED UNLESS STAMPED PAGE. AUDITOR 1 108 1986	CREDIT 20% Sales Care 77184 20% Sales Care 77184 20% Sales 100 of Loss 77184 Openings & 100 Service Charges 77181 Buris! 100 Containers 77182	50 00
	Pre-Need At Need On Acct Ck Cash C	Levelth.	Recording fees or 100 misc, service fees 77183 80101 Sales Tax 9020 TOTAL PAID 6	50 00

	OFFICIAL RECEIPT WHITE TO CLISTOMER CANADATY CEMETERY PHIK AUDITOR GOLDENROO RETAIN From Sames A hon	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 33592 Nº 33592 1-31 1086 1086
	Lot 56 Grave.	ROW_SE STATED UNLESS STAMPED PART IN THIS SPRING AUDITOR	Dollars (# 50 00) Cation 2 Division /2 Cation 77184 SON Sales Care 77184 Black 77184 SON Sales Care 77184
•	W.O. E - 6005 Unpaid Balance after this Payment # 59500 Pre-Need At Need On Acct Cash Ck Cash On Acct Ac-212 (Ray, 8-86)	B. Kang	Openings & 100 Service Charges 77181 Suriel 100 Containers 77182 Recording tees or 100 miss. service fees 77183 Sales Tax 80101 Sales Tax 8020 TOTAL PAID 6 50

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6015 James A. and/or Elouise Thomas 221 So. 36th St. Diego, CA 92113 San Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT х Amount due when paid on, or before, 50.00 due date above 10th days Amount due if paid more than... after due date above. 51/00

ADDRESS JAN DO CHECK (V) if this is new address

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENBOD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Luerday Nº	33689	
From amer A Thom	100 Address 221 \$367	L Dote: 9/2/	2113	
In Course Payment of Course Lot 58 Grave L		- heed —	Division /2	
Acct. No. E-6015	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Salae Cers 77184 80% Series 100 of Lots 77194 Quenings & 100 Service Charges 77181	50 00	0
Pre-Need At Need On Acct	SEP 0 5 1986 186	Surial 100 Containers 77182 Recording fact or 100 misc. service feet 77183 60101 Seine Tax 9020		のは
AC-212 (Rev. 8-65)	issuen scoyensulas	TOTAL PAID .	50 00	2

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FEB	MAR		MAY	אטנ	JUL	AUG	SEP X	OCT	NOV	DEC	JAN
lue da Amou	ite abo	when p ve. if paid r is abov	10	th		lys)	> s	_ 5	0.0	00	
9	Sta	PB		X ATT	10UDL	lecaive	\$		±#):0=	

OFFICIAL RECEIPT WANTE TO CUSTOMER CAMARY COMMETTERY ALCOTTON RETAIN From: A Thomas A Thoma	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 32 3 3 4	Date: 10-3	33788 33788 9-113
In Fifty and May In Fifty Payment of FILE Lot El Grave Invoice No.	ROW SI THE STACE STAMPED	Dollars (I	Division / 2
Acct. No. W.O. F - C - C - C - C - C - C - C - C - C -	OCT 1 0 1986	BOX States 100 of Lots 77184 Questings & 77181 Revisit Changes 77181 Revisit 100 Containers 77182 Recording State or 100 cales, service, Sees 77182 Sales Tex 8000 TOTAL PAID 8	50 00

Long.

221 So. 36th St. San Diego, CA 92113		
Month and Day Due Indicated Below	- 1	
MAR APR MAY JUN JUL AUS SEP OCT NOV DEG	IAN	TEB
Amount due when paid on, or before due date above 10th	0	
Amount due if paid more thandays. \$1.0	0	
\$		
Amount Received S		_
ADDRESS		
CITY STATE ZIP check (y') if this is new address		

BLOOIS OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY...... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 87007 77184 Invoice No 20% Sales Care Acct. No. 77181 Unpaid Balanca OCT 29 1886 Continuers 77182 after this Payment Recording fees or missuservice fees On Acct Sales Tax TOTAL PAID AC-212 (Rev. 8-85)

- 10	COUNT			-60							
	Jai	ne s		hou		/01	E	Lou	is	e (
	22	100	0.	36	th	EC Y					- 3
	Sai			6 %		A 9	dicat	ed B	elow	h	Vital I
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN .	FEB	MAR
due di Amou	nt due ate abo int due due dat	ve if paid	.O	th han		iys	s		0.	- Vien	11 0
NAM	1E			Ar	mount	Receiv	ed S				
- Saires	RESS										
	-					00001111			77.71	The	

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINIX	MOUNT PIOPE CEMETERY	NO 10 10			214.3
From Carney A. 1/1	Jomas Adl S. 36th M	Date: 11	- 64	=//=	19.16
Fifty and	no/100 -		ollers (\$	5000	-
Investigation Payment of	Moneed lat	1 () () () () ()			A
Lot 58 Gr	ave /2 Row Se	ection 6	1500	Division Blook	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE.	GREDIT *20% Sales Care 80% Sales of Lots Constant	67007 77184 — 190 77184 —	56	00
W.O. E 6015 BALANCE DUE \$ 195 0	CITY ALDITOR	Opening/ Closing Burist Containers	77181 — 100 77182 — 100		
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	OFFICIAL RECEIPT WHATTE TO CLUSTOMER CAMARY CEMETERY PINK AUDITOR From April Thomas In Carly But Payment of Cal	CITY OF SAM DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: Jan Duy Compon #	Nº 34135 FU015 Date: Jan 26 . 1987 Dollars (\$ 50 20)
# 34/31	Invoice No Acct. No W.O. E 6015 BALANCE DUE \$ 9500 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New. 11-88) 622	ROW_Se NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. JAN 3 0 1987 LEGYLULLIAM	CRIEDIT STORY STOR

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AL.	OFFICIAL RECEIPT	TO CUSTOWER	ITY OPSAN DISGO, CALIFORNIA PROPERTY DEPARTMENT		Nº Eleo	34239
	(A)	AUDITOR M	OUNT HOPE CEMETERY 284-3151	Date: 4	1/26	187
	From: James + the	1 Homas	Address: 22/- 40 3	al the delivery	S 9 ollers (\$ S 6	32113
	In Chuften Paym	ent of Coupon	1#8 Cres	Ale		
	Lot	Grave.	Row	Section	Divi Bloc	ision ck
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	Pre-Need Lot At Need D	On Acot	on mul	Pre-Need Trust Sales Tax	60083 9082 60101 76350	Page 81
	AC-212 (Nov. 11-00) 63	C ISSUED 9	Jeogin Salt	TOTAL PAID	-	50 00

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OFFICIAL RECEIPT WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR From Control	COLY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181	Nº 3431 3674 7 50 92113
In Sull Dayment of C	A ROW S NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	Section Division / 2 GREDIT Groot 45 00 Soft Sales Triss of Lots 77184
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-86)	Seoyustill	Opening/ 100 Closing 77181

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MT. OPEC	EMETERY CORDER
City of Sar	
You are here authorized and instructed, subject to	date, time
Church, Chapel, Graveside	; Kazalala Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg and billed to undersigned. War time veteran	ular work day or an extra charge will be applied
Lot _58 Grave _/2 Row S Grave space & Care Fund & E	Section 2 Division/Block 12
Additional spaces and care fund	2mil 320°°
Flower vases - Marker setting fee	
Recording and filing fee	3500
Sales taxes	- dre
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Paid receipt	3350 Balance Lu3 19 80
I hereby certify I am the and this is your authority to make disposition of renthet I have the right to make this authorization and I any liability on account of said authorization and in	agree to hold Mt. Hope Cemetery harmless from
. /	_ 1//
I hereby authorize the interment in lot I hold under deed.	Sigheture Que Moonics
hold under deed. Signature of recorded holder of deed	Lancer Q Montos
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Signature of recorded holder of deed The Desire Constitution of E 6016	Succe Que Moon Con Sugherture Address Zip Code

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The prices set forth for the above Pre-Meed Services (opening & closing of grave, liner or vanit, and recording fee) are not guaranteed prices. At the time of burist, when the above pre-nect correct are utilized, an additional payment if apparents; will be required

OFFICIAL RECEIPT WHITE TO GUSTOMER CANADAY CEMETERY GOLDENGOO RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	Nº 33509	
From Camula & Elaure C Frifty of My 00 - In Separat Payment of Tru	Throng 221-36th	Dots: 7/1/85 1 Lt 18 92113 — Dollers 10 50 20 4 Elevin Burns	•,
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID SITTING SPACE. CITY AUDITOR 1986 SEQUENCE OF SECURITY AUDITOR 1986	Opening & 100 Service Charges 77183 Burist	200

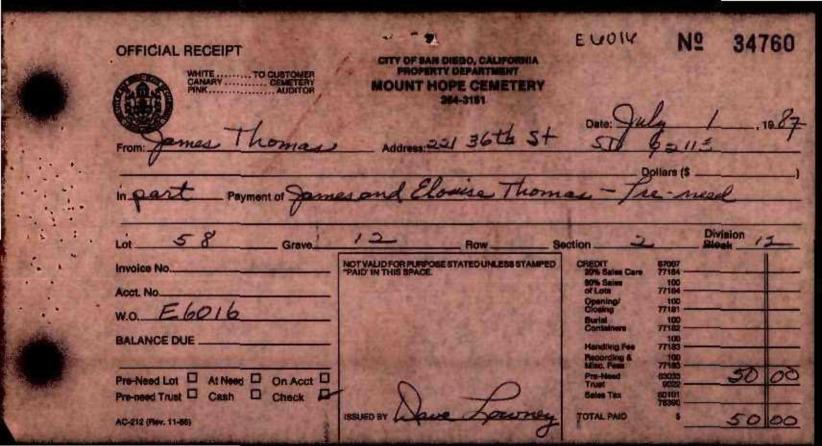
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_	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF RAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	Nº €	34460
	From James C Thom	ear Address: 221-36th	Dete: 4/2/ 2+-55-9	21/3
	In Legacit Payment of P	Coupon#1-	E-60/0	Division Block
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 10% Sales Core 77184 — 90% Sales 100 of Lots 77184 — 100 Opening/ 100 Closing 77181 —	5000
•	Pre-Need Lot D At Need D On Acct		Burisi 100 Containers 77:82 Hendling Fee 77:83 Hecording & 100 Misc, Feee 77:85 Pre-Need 25:035 Trust 60:22	5000
	Pre-need Trust of Cash Check of AC-212 (New 11-86)	1850 ED SE OYLUSTION	Sales Tax 90101 TOTAL PAID	50 00

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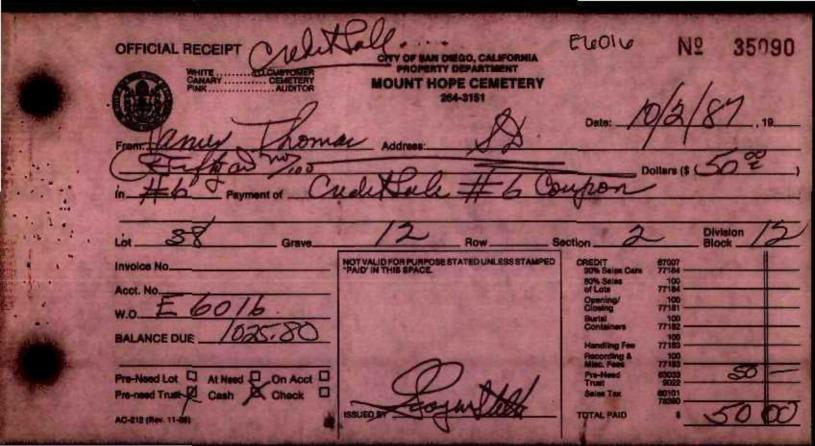
EVOIL 34627 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Division /2 Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. PAID IN THIS SPACE 80% Sales of Lots Acct. No. Opening/ Closing WO. E 6016 **BALANCE DUE** Handling Fee On Acct Pre-Need Lot Pre-need Trust TOTAL PAID AC-212 (Rev. 11-88)



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In Payment of Lot S	res regen# 4 H	CREDIT STORY 77184	Division 12
Acct. No. W.O. E - GO/G BALANCE DUE 1/25.80 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-80)	Jorden Wor	80% Sales 100 of Lois 77184 — 100 of Lois 77184 — 100 Closing 77181 — 100 Closing 77181 — 100 Cuntainers 77182 — 100 Handling Fee 77183 — 100 Sales, Fees 77183 — 100 Sales, F	50 00

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

PINK AUDIT	MOUNT HOPE CEMETERY				
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From: JAMES C. THO	MAS Address: 221 - 3614	57 50.	9211		(Lette
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in Coupon Payment of	Present Trust Coupon	#7	VE C	E TOP	35
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Lot 58 Gran	ve 12 Row	Section 2	SE	Division /	2
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Pre-need Trust Cash Check	Klass Maller as	Sales Tax	78000 -	~~	~
AC-212 (Rev. 11-95)	ISSUED BY	TOTAL PAID	1	50	00

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CITY OF SAN DIEGO, CALIFORNIA

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Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 - 30% Sales 100 of Lints 77384 Operang/ 100 Closing 77181 -	Blank:
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OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 23/ 26/	ELEOILE 1	Nº 35626 2 2 1.88 ect SD. 88
Payment of Grave	12 ROW_ SO	ction_2	2 Division 15
No. E - 6016 BALANCE DUE 825.80	NOTVALIDEOR PURPOSE STATEDUNILESS STAMPED PAID IN THIS SPACE. CITY AUDITOR FEB 0 5 1988	CREDIT 20% Sales Core 80% Sales of Lote of Lote Copening/ Ciculary Burial Containers Handling Fee Recogging &	67007 77184 1900 77184 1000 77181 1000 77182 1000 77165
Pre-Need Lot At Need On Acct Pre-need Trust Cesh Check O	BSUED BY Sondra Ma	Miss. Fees Pro-paid Tryot Suise Tax TOTAL PAID	77185 63033 9022 60101 78380

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OFFICIAL RECEIPT ELOULE No 35781 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 ·Invoice No "PAID" IN THIS SPACE 7718 of Late 77184 Acct. No MAR 03 **BALANCE DUE** Handling Fee Recording & Pre-Need Lot X At Need On Acct Trust Pre-need Trust Cash & Check Sales Tex 80101 TOTAL PAID AC-212 (Rev. 10-87)

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OFFICIAL RECEIPT WHITE TO GUSTOMER CANARY AUDITOR From And	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 4 Address: #2/- 36 II	Date: 4 Date: Delle	Nº 3!	3957 27/3 27/3
Lot 58 Grave	/2 Rows	ection	Division /	2
Acct. No	NOTVALIDEOR PURPOSE STATED UNLESS STATES CHAPE	80% Sales 98 Lots 7 Lots 7 Lots Papening/ Closing 7 Surial Containers 7 Handling Fee 7 Recording & Misc. Fees 7	7007 7184 100 7184 100 7181 100 7182 100 7182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check O	ISSUED OF FORMER (VOI)	V 100 0 100 - 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10	3030 2022 3002 3002 500 500	00

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Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6016 PREN DEPOSIT and/or Elouise C. 221-36th St. San Diego, CA 92113 Month and Day Due Indicated Below JAN FEB MAR APR MAY JUN JUL AUG SEP OCT DEC Amount due when paid on, or before, due date above Amount due if paid more than 10 days after due date above. Amount Received NAME ADDRESS STATE CITY □ check (/) if this is new address

35354 OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA ELECTIVE CANARY TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Dollars (\$ 5 Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED TAID IN THIS SPACE. CREDIT 20% Sales Care Invoice No 80% Sales of Lots Acct. No. On Acct Pro-Nam Trust Pre-Need Lot Pro-need Trust Sales Tax Check TOTAL PAID AC-212 (Rev. 11-65)

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36065 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Evolve PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HORE CEMETERY PINK AUDITOR 284-3151 Date: Dollars (\$ 5 Division Block __ Grave Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CREDIT 67007 77184 · Invoice No 20% Sales Care 80% Sales of Lots Acct. No Opening/ CITY AUBITOR Rurial Container* BALANCE DUE 7718 Handling Fee Recording & 77183 Pre-Need 83033 5022 Pre-Need Lot At Need On Acct Trust Sales Tax Pre-need Trust OTAL PAID AC-212 (Rev. 10-87)

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ELEDILE OFFICIAL RECEIPT No 36223 CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR PROPERTY DEPARTMENT MOUNT HOPE CEMETERY A64-3151 Dollars (\$ SO Division Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 20% Sales Care 90% Sales Acct. No CITY AUDITOR Burial Containers Handling Fee 7 1988 Recording & Pre-Need Lot At Need On Acct 6303 Pre-need Trust K Cash K Check 60101 TOTAL PAID AC-212 (Rev. 10-87)

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OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From DIES TREE	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date: 3 Address: 22 / 36 77	- Nº 36482 E WOIL - 3
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OFFICIAL RECEIPT Evolu No 36614 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY AUDITOR 264-3151 Dollars /\$ 5 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No 20% Sales Care BOY Sains Acct. No 77184 CITY 77183 Pre-Need Lot _ At Need _ On Acct 63633 9022 Pre-need Trust Cash 78360 ISSUED BY AC-212 (Rev. 10-87)

DO ACI	NOT	MAIL T No.	ENTIF	E 80	OK 116	Pi uis	•	RRI) I	RUS	7
		Mon	ith ar	nd D	ay D	ue In	dical	led E	lelow	1	opinion of
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
lue da Irnou	ite abo	ve if paid	more ti	h		ilika	s	_	1.0		
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			OTCOM-	- 0							
ADD	RESS										

OFFICIAL RECEIPT Nº 36749 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY **MOUNT HOPE CEMETERY** PINK AUDITOR 264-3151 Dollars (\$ 0 Payment o Division Grave Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77164 'Involce No. 20% Sales Care 80% Sales Acct. No of Lots 77184 Opening/ Closing Burial Containers BALANCE DUE CITY AUDITOR Handling Fee Recording & 100 On Acct Fre-Need Pre-Need Lot . At Need . Trust Pre-need Trust A Cash 50101 CTOTAL PAID AC-212 (Rev. 10-87)

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OFFICIAL RECEIPT WHITE TO GUSTOMER CAMARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Evolv	Nº 36914
From Sings Mary	2 Address: 221 36	Date: Their	- 4 Soi Very
In Payment of	THE RESIDENCE OF THE PARTY OF T	exect of	Division 12
W.O. 2 - 60 / 6	NOT VALID FOR PURPOSE STATED UNLESS STAMPED.	of Lots 771 Opening/ 1 Closing 771 Surtal 1 Containers 771	NOV 1 5 1988
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Somble S.W.	Mind Fess 771 Pre-Heed 631	50 00

DO ACI	NOT	MAIL I No.	/o	E BO	lo	P&	•	100	T	LUS SIT	
			Spring.			921 ue In	000	ed B	olow	100	
JUL	AUG	STATE OF THE PARTY.	-	A CONTRACTOR OF THE PERSON NAMED IN			A STATE OF THE PARTY OF THE PAR		-	MAY	JUN
ue da	nt due ate abo int due due da	ve. if paid	moret	h ,	ore.	ys)	> s	_	.0	-	
MAN		F		Ar	nount l	Receiv	a ed S	i			
0.405	RESS										
CITY	-		abas!	. 1.4		STAT		v ado	ZIF	_	

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY GEMETERY PINK AUDITOR From CHC LANGE LANGE LANGE LANGE From CHC LANGE LANGE	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 22 362	Date: 12-5 10-88 Date: 50-00, 1
In Payment of Grave	12 ROW_Sec	tion 2 Division / 2
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID'IN THIS SPACE CITY AUDITO DEC 9 1981	CREDIT 67007

ACC 3 = 22	OUNT	No.		er er	N.	Lou	RES isc	DE	PGS	IT	
7	-34						dicat				4.5
AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
lue da Vinour	ite abo	ve. f paid :	more th	٠,		ys)	\$ > \$	77.1	1.	90	2
							5	<u></u>		_	
NAM	E			An	ount l	Receive	ed \$	_	_		
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GANARY GEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY		
1332	284-3181	1-3	89
- Ilous	1 101 200	Date:	X, 19
From Conla Month	Address: OCA Jol	a succe	30
V Lutte no /100		Dollars (\$	30,00,
In Payment of	augon 21 Pu	eneed Au	st
			The state of the s
	12	2	Division / 2
Lot Grave		action	_Block
•Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77154 -	- PRINCE STREET
Acct. No.	"YAU	80% Sales 100 of Lots 77184 —	
wo €-60/6	JAN	77 Opening/ 100 77181 -	
225 80	JAN 09	Burial 100 Containers 77182 -	
BALANCE DUE _079.00		Recording & 100	The second second
Brankboard Lot D At Nead D On Acct D	· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图	Milac. Feet 77183 - Pre-Need 63033 Trust 9022 -	50 00
Pre-Need Lot At Need On Acct Pre-need Trust & Cash Check	. 11 11 1	Sales Tax 00101	00 00
	188000 MALIA MINO	TOTAL PAID \$	50 00
AC-212 (May, 10-97)			00

22	1	The 35t	h	St.		921	13	E	(e)	211	0.
		-	_	-	-	ue ini	100	-	_	_	1
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mou	nt due	when p	paid on	or bel	ore,			50	.0	0	(5)
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OFFICIAL RECEIPT Nº 37287 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR ELOU MOUNT HOPE CEMETERY 264-3151 Payment of Division Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 07007 77164 Invoice No 20% Sales Care Acct. No. Buriel FEB 06 198 Containers BALANCE DUE Handling Fee

AC-212 (Rev. 10-67)

Pre-need Trust

Pre-Need Lot At Need O On Acct

Recording & TOTAL PAID

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		Statute.	ALC: NO	STATE OF THE PARTY.	y Du	0.05-2.053	Water Const	ed B	elow		
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ue da mou	nt due ate abo nt due due dat	ve. if paid i	moret		1	ys)	s s	5	1.	00	W-2
MAM	E			An	nount F	Receive	\$ ed \$				
	Dree										
ADD	nego										

OFFICIAL RECEIPT

WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR

CITY OF EAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY ELONO

Nº 37398

	APPLACE TO A	Date: 2	-27 189
From: In of April	CD Address 221	6th Atres	A SS
the Rendress	fift 12 d	Dollars (130.00)
In Payment of	with 239	7 50	MANCH
Lot 58 Grave	12 ROW	Section 2	Division /2
hvoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	20% Sales Care 77184	100
Acet. No. 9 - 60/6	cm,	80% Sales 100 of Lots 77/84 - Opening 100 77/81 - 100	7-7-1
BALANCE DUE 75.80	MAR OF	Containers 77182 -	
		Misso Fees 77183	100
Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check	A helia lila	Print 80033 1004 1005	130 00
AC-212 (Rev. 10-87)	ISSUED BY MALLE WO	TOTAL PAID	150 00

DO NOT ACCOUN	MAIL	ENTIR	E BOO	Ж			ERE	D :	and the last	A STATE OF THE PARTY
Jana 221- San	36t Dia	h i	e.	A 1	21	13	. c	• !	ď	100
DEC JAN				MAY.					OCT	NOV
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ter due de	te aber	re. y				\$				
NAME			An	nount F	leceive	d S	-			-
DDRESS					STAT	(222		ZIP		-

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NOY	DEC	JAN	FEB	MAR	APR	MAY	MUL	JUL	AUG	SEP	OCT
lue da	nt due	when we we we we will be about the a	moret	han_	lore,	ys	> s	-	6.6 t.6		
		-	or "F				5	·			
				Ar	nount l	Receive	d \$		-	_	
NAM	E										
	E RESS										3



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNÍA PROPERTY DEPARTMENT MOUNT HODE CENETERY

PINKAUDITOR	264-3151		
1,	LAND DOUBLE BOOK	Date: 4-1	180
Jan Garan	221 367	> that	Can Dian Ma
From Min Minnes	Address: Address:	o Sucy	an have
Wellet - Goog	80/100	Dollars (\$	15.80
InPayment of	unot is the	el of	nenced
tunt	1 months		
· aces	Sign as a	Many of the way	Division
Lot Grave	RowS	Section	_ Block
Învaice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID: IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 —	
Acct No.		80% Sales 100 of Lots 77184 —	
5-6016	OTTY AUDI	Opening 100 77181 —	THE RESERVE OF THE PERSON NAMED IN
w.o	ADD -	Burial 100 Containers 77182 —	
BALANCE DUE Jacop in	APR 05 19	RO Handling Fee 77185 -	CONTRACTOR OF THE PARTY OF
Juli		Hecording & 100 Misc. Fees 77183 —	DC (2)
Pre-Need Lot D At Need D On Acct	/, //	Pre-Need 63033 Trust 8022 -	12 80
Pre-need Trust A Cash A Check	Made Whe	Sales Tax 60101 75350 -	na
AC-212 (Rev. 10-87)	ISSUED BY WHILE WILL	TOTAL PAID \$	75 30
	MANAGEMENT OF COURSE STATES AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRES	CONTRACTOR OF THE PARTY OF THE	A SECOND CONTRACTOR OF THE PARTY OF THE PART

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/2/86

	/ /
and the second s	bject to your rules and regulations, to inter the remai
of_ JULIANNA	Buckles
ina - nome - Fr	uneral, date, time 7/3 - Thurs - 3P.
Church, Chapel, Graveside	MAYER Mortus
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be appli
and billed to undersigned. War time veteran	NO
710	1 0
Lot Grave Row	Section Division/Block
Grave space & Care Fund	100
Additional spaces and care fund	
Opening/Closing & Setup	11 X 7/2) 100°
Burial Container	none
Handling Fees	7011610010000000111041242244247012
Flower vases - Marker setting fee	A. I.
Recording and filing fee	
Sales taxes	
. 0	280
1/2/2	Total Due
1/3/86 Paid r	eceipt number 333// 2000
m a	Balance dueO
9 11	24
I hereby certify I am the	of the above named decede
and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indicated. I certify and repress n and I agree to hold Mt. Hope Cemetery harmless fro
any liability on account of said authorization	and interment.
	Many all Burble
hereby authorize the interment in lot I	The state of the s
hold under deed.	470/ Course Ava
Sparature of recorded helder of dead	5 kg Dis & CA 9711
1 (1)	Sian 072 70/15 20
Marke ent po	Telephone
0 432 (31 -80 =	
Kev # 33331-00	0450827
E 6017	Invoice # 0/00 22
Work Order # E 6017	Acct. #
PY-693 (NEV. 8-86)	Canacl - 71
	all part
	already pury

OFFICIAL RECEIPT

WHITE
CANARY
GOLDENRO

..... TO CUSTOMER
CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

No 33517

GOLDENROD RETAIN	264-3161	A RELIEF	1/2	PI
11 - 00	M M T	Date:	10 10	916
From: John E. MAY	CANAL SERVICE	Ten 2859	HDAM'S HV. 2	092114
This the lik y	00/KKT 1	Dolla Dolla	m 10 200.00	1
In Payment of	TEAMENT TEES FOR.	JULIANNA -	Buckles	-
	,	-	-	
Lot 7/0 Grave	RowS	sction	Division 9	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67 20% Sales Care 77	20	00
Acot, No.	SUL CONTOR	80% Saine of Lots 77	100 80	00
WO. E 6017	JUL 09 1986	Openings & Service Charges 77	100 /00	00
Unpeid Balance after this Payment	09 1000	Buriel Contolners 77	100	
	1306	Recording less or misc. service less 77	100	W.
Pre-Need At Need A On Acct	100	Sales Tex 90	1101	
# 1032 acity (few 8-88)	BOURD BY C. CARRON	TOTAL PAID	. 200	00

PERMIT FORDISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Julianna	Eve	Buckles	T	Female	July 1, 196	July 1, 1986
PLACE OF DEATH-	city on town		PLACE OF E	San Diego	ATE IF NOT IN CALIFORNIA	Howard Bu	S OF SPOUSE OR OTHER INFORMANT
			Adams AV				rad Avenue o, CA. 92117
		TYPE OF	PERMIT, CHECK	ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION	
III. BURIAL (IN	CLUDES ENTOMBMENT)	10	☐ 5. DE	SINTERMENT AND BURIA	AL (INCLUDES		AND REINTERMENT OF CREMATED UDES INURNMENT!
2. CREMATIO	N AND BURIAL (INCLUDE	S INURNMI	□ 6. D#	SINTERMENT, CREMATIO	N, AND BURIAL		OF CREMATED REMAINS AND ITHER THAN IN A CEMETERY
3. CREMATION CEMETERY 4. SCIENTIFIC		ier Than I	NA D 7 DE	SINTERMENT, CREMATIO THER THAN IN A CEMETI			PRONER'S USE ONLY
INTERMENT	NAME AND ADDRESS O			NS OR CREMATED REMA	UNS ARE TO BE INTERR	ED	San Diego
CREMATION	NAME AND ADDRESS O	F CREMATO	DRY WHERE REMAIN	IS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERS	SON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST PO	ON SH	IORELINE. OR OTHI	er description suffic	IENT TO IDENTIFY FINA	L PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC	NAME AND ADDRESS O	F FACILITY	RECEIVING REMA	INS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify the remains of the abo- and I hereby ackno this permit gives no	re named wiedge th	decedent under at trespass and	.			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN OF THE CALIFORNIA HEALT AUTHORITY FOR THE DISPO	H AND SAFE	TY CODE AND IS THE	3.00	JUL - 3 19	SIGNATURA OF LOCA	A RIGIST R ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SI DISPOSITION WAS MAD		7/3 IEMTER DATE)		PERSON IN CHARGE OF	DISPOSITION LIC	CENSE NUMBER OF CREMATED REMAINS SPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	N/A	REGISTRA	R OF COUNTY OF		0 >		

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

OFFICIAL RECEIPT



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

0024 Nº 33539

From: HOWARD G. BUCK. FIFTH Y 95/xxx In Mark. Payment of J	ULIANNA BUCKLES	Date: Jol	Digo 92/17
Lot 7/0 Grave	LUANTED VASE	ection	Division 9
Invoice No.	MOT VALID FEMPONES STATED UNLESS STAMPED PAID IN THIS SPACE AUDITOR	CREOKY 87X 20% Sales Core 771	NAME OF TAXABLE PARTY.
Acct. No	JUL 14 1986	80% Sales of Lots 771 Openings &	00
Unpaid Balance after this Payment	1386	Service Charges 771 Buriel 1 Containers 771	Name and Address of the Owner, where the Owner, which is
Pre-Need At Need On Acct		miss. service fees 771	
Ck	ISSUED BY Cannon	Sales Tox 801	

INTERMENT ORDER	
7. Marker bare City of San Diego //	
an lese Macker bare City of San Diego	1
up to 36" granite - 40 Counts City of San Diego up to 36" granite - 40 Counts. Date 7/3/8	6
You are hereby authorized and instructed, subject to your rules and regulations, to inter the	remains
of Richard & Watanabe	
in a ash Vault (Court) Funeral, date, time 19th of July of 3	:30P.N
Church, Chapel, Graveside Spaceside; From Church	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be	e applied
and billed to undersigned. War time veteran	2
Lot 170 Grave 32 Row Section Division/News	7
1,0,000 #1	10/00
Grave space & Care Fund	12
Additional spaces and care fund	- 100
Opening/Closing & Setup	0500
Burial Container	40 0
Handling Fees	60
Flower vases - Marker setting fee Africa africa /2 X 48	60=
Recording and filing fee	2.40
Sales taxes	10500
OK Total Due90	2.40
PAID Paid receipt number 33548 90	2.40
1111 14 1986 Balance due	0
JUL 14 /100	32
I hereby certify I am the of the above named and this is your authority in the best application of remains as above indicated. I certify and it	represent
that the the triple to metern the striple and lagree to hold Mt. Hope Cemetery harm any least to account the striple and interment.	less from
W. 777	e ro
hereby authorize the interment in lot I hold under deed.	MAN
8715 Due take Dr	W 20
Signature of recorded holder of deed Lan Drigo, Ca 92	Zip Code
12 Charry Telephone Telephone Invoice #	
Talke god	
E CO10 Invoice #	
Work Order # E 6018 Acct. #	

170-2-11-7

. OFFICIAL RECEIPT

1	
A STATE OF THE PARTY OF THE PAR	WHITE TO CUSTOM CANARY CEMETE PINK AUDIT
STATE OF STATES	PINKAUDIT
E STATE B	GOLDENROD RETA
WASSIES	

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

Nº 33548

GOLDENROD	RETAIN		264-3151	7-	-14	4-86.	
From Louise y W	ateral	Address:	8715 alm Laky	D=-2D	9	2119	-
Mine Hund	uli	two and	4000	Do	llars (\$	90240	,
In Payment	of Hear	I spary	for 4 uns	- make	Ban	~ 36	1
Lot 170	Grave	2 0	Row Se	ection _//	upu	Division Stock	7
Invoice No.		NOT VALID FOR PURE "PAID" IN THIS SPACE.	SEASTATED UNLESS STAMPED	CREDIT 20% Sales Cara	67007 77184	99	00
Acct. No.		JUL,	AUDITOR >	60% Seine of Lots	77184 _	396	00
W.O. F-60/6 Unpaid Balance	0 4	25	7 1996		77181	105	00
after this Payment			01101	Containers Recording fees or	77182	40	00
Pre-Need At Need A	On Acct	0	1.1.		77183 _ 60101	260	00
Ck Cash		san Leave	en Italy	Sales Tex TOTAL PAID	9030	902	110
AC-212 (Rev. 8-85)		MONTH AND A	The state of the s	TOTALTROD	N 4 3 7 7 7	100	1111

PERMIT FOR DISPOSITION OF HUMAN REMAINS #54564

Lewis .

Lewis Colonial/Benbo

EGOIR

NAME OF DECEDEN	•	22 (20) 911 (2) 20 - 20		SEX	DATE OF BIRTH	DATE OF DEATH
	IZUO WATANABE			male	May 7, 192	PERSONAL PROPERTY.
PLACE OF DEATH-	MIDDIO II CODONICO CONTROL CON	PLACE OF DEATH-	COUNTY IOR STA	TE IF NOT IN CALIFORNIAL		S OF SPOUSE OR OTHER INFORMANT
La Mesa	37	San Diego	ASSESSMENT TO THE PARTY OF THE	070-270 (1.01)	Louise Y. I	Watanabe - wife
	SS OF FUNERAL DIRECTOR (OR PERSON AC NIAL/BENBOUGH 3051 E1 Ca		Diego CALIFO	rnia licensé number F−480	8715 Blue San Diego,	474 HIGH 18 TO 17 TO TO 10
	TYPE OF PERA	AIT, CHECK ONLY	ONE OF THE F	OLLOWING TYPES OF	DISPOSITION	
1. BURIAL (IN	CLUDES ENTOMBMENT)	6. DISINTERM ENTOMBM	IENT AND BURIAL	. INCLUDES		AND REINTERMENT OF CREMATED
1:057	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERM	ENT. CREMATION	I, AND BURIAL		OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3. CREMATIO CEMETERY	N AND DISPOSITION OTHER THAN IN A	7. DISINTERM	ENT. CREMATION	, AND DISPOSITION	FOR CO	PRONER'S USE ONLY
4. SCIENTIFIC	USE		AN IN A CEMETE		10 DISPOSITION	PENDING
- massartana	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR C	REMATED REMAI	NS ARE TO BE INTERRE	D	COUNTY
INTERMENT	Mt. Hope Cemetery - 3	751 Market	St. San	Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W Cypress View Cremator			6/19/86	SIGNATURE OF PER	SON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	n/a	INE, OR OTHER DESC	RIPTION SUFFICIE	INT TO IDENTIFY FINAL	PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI 11/8	EIVING REMAINS		*		
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	dent under provisio	ons of the Healt	h and Safety Code,	SIGNATURE OF APP	LICANT
APPLICANT	and I hereby acknowledge that to this permit gives no right of unrest		NOT THE RESIDENCE OF THE PARTY		DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE \$	NT OF FEE PAID	JUN 1 8 198	o deroll	A REGISTRAN ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	19/96 NTER DATE	SIGNATURE OF P	ERSON INCHARGE OF	D D	CENSE NUMBER OF CREMATED REMAINS ISPOSER. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	, 8		**	

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/8/87

of William I	odds	<u> </u>		
ina <u>none</u> F	uneral, date, time	10	:30-Wel	-7/9
Church, Chapel, Graveside	(8 %	20	syer	Mortuar
All Funeral cars must arrive before 3:30 p.m	of regular work d	lay or a	n extra charge v	vill be applie
and billed to undersigned. War time veteran			CHESTO BOLIZZO CONTON CONTON	200 00 00 00 00 00 00 00
179 0		1	LP AND THE PROPERTY OF THE PARTY OF THE PART	12
Lot 179 Grave 8 Row	Section		_ Division/Sec	x 12
Grave space & Care Fund	CHOROLOPORONOL FOR DESIGNOL FOR W	*****	en erene erene erene erene eren	55
Additional spaces and care fund				2011
Opening/Closing & Setup				90
Burial Container				
Handling Fees				
Flower vases - Marker setting fee				
Recording and filing fee				
Sales taxes				1450
ne#13144		2000000		110
Paid	eceipt number			
			Balance due	_
I hereby certify I am the			of the above nar	ned decade
and this is your authority to make disposition	n and lagree to bo	ove inc	of the above nar licated. I certify r lope Cemetery h	and represe
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot (n and lagree to bo	ove inc	icated. I certify a	and represe
I hereby certify I am the	n and I agree to ho and interment.	ove inc	icated. I certify a	and represe
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PERMIT FOR ISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E 6019

NAME OF DECEDEN	William Dodds	0.8704	Male Male	May 10,1946	June 28,1986
PLACE OF DEATH-	CHILA Vista	PLACE OF DEATH—COUNTY IOR San Diego	STATE IF NOT IN CALIFORNIA)	Public Admin	
NAME AND ADDRES	SS OF FUNERAL DIRECTOR (OR PERSONAL MAYOR MOTEURX)	THE AS SUCH AVE.	LIFORNIA LICENSE NUMBER 1424	5201-A Ruffi San Diego, C	
	TYPE OF PERA	AIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION	
T BURIAL (IN	ICLUDES ENTOMBMENTI	5. DISINTERMENT AND BU	RIAL IINCLUDES	8 DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMA-		9 DISINTERMENT OF CO	REMATED REMAINS AND THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMA OTHER THAN IN A CEM		FOR CORON	NER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W		MAINS ARE TO BE INTERRE	D C	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMAT	TED DATE CREMATED	SIGNATURE OF PERSON I	N CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine. Or other description suff	FICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	ISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		71-	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the Ho espass and nuisance laws appl	ealth and Safety Code, y and understand that	SIGNATURE OF APPLICAN DATE SIGNED	1
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II		JUL 0 8 1986	SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		ESTULLED	DISPOSITION LICENSI DISPOS	E NUMBER OF CREMATED RAVAINS ER. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		-

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

045084 07/16/86 000952 COUNTY OF SAN DIEGO F 40019 100 072

77181 000072 77184 000072

145.00 90.00 55.00 145.00 PAID IN FULL

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

290.00

2

- 1

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date 7/8/86

ou are hereby anthorized and instructed, su	refect to your rules and regulations, to in	ter the remain
1 grave K	ing ,/	
Topsea Whilt	uneral, date, time 30 17/11	Fie
	IS Lapride	Mortuar
All Funeral cars must arrive before 3:30 p.m	of regular work day or an extra charge	will be applie
gd billed to undersigned. War time veterar	No	
	****	0 4 890
ot 4541 Grove ~ #com	Section Division/84	10
AND THE PROPERTY OF THE PROPER		1012
Grave space & Care Fund	12000	100
additional spaces and care fund 4.5.	12 for Chyde	675
pening/Closing & Setup		370
Burial Container		175
landling Fees		170
Market setting fee		7/
recording and subgrape fee		
des taxes		_/00
JUL 8	Total Due	2100.
MT. HOPE CEMETERY Paid	receipt number 33,529	2100,5
CITY of SAN DIEGO, CALIF.	Balance due	4
7	Salance do	
hereby certify I am the Hust	and of the above n	amed decede
nd this is your authority to make disposition hat I have the right to make this authorization	n of remains as above indicated. I certif	v and represe
ny liability on account of said authorization	and interment.	mariniess iro
	V DR A D TO	
hereby authorize the interment in lot I old under deed.	Signature	7
	×8528 Handens	Road
grature of recorded holder of deed	Lakesile Ca.	92040
	California, 50	11362
E c020	Invoice #	
Vork Order # E 6020	Acct. #	

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY AUDITOR GOLDENACO RETAIN From: Clydle Kine	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Date: 7/8/	33529 86 .19
in full payment of International Control of the Hold Parel of the Hold of the	ement feel for Vir	que den de	21005°
Invoice No. Acct, No. W.O. E LOZO Unpeid Balance after this Payment On Acct Pre-Need At Need On Acct Ck Cash	HOT VALID FOR TURPOSE STATED UNLESS STAMPED TARY IN THIS EPOST. AUDITOR 1986	CREDIT 67007 20% Sales Care 77184 90% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Burial 100 Containers 77182 Riscording fises or 100 mileo service fises 77183 60101 Seles Tax 9020	278 00 1/12 00 320 00 175 00 205 00 10 50
	BENED OF League Stother	Selee Tex 9020 TOTAL PAID	2100 5

PERMIT FOR DESITION OF MAN REMAIN

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E 6020

					200	
NAME OF DECEDEN	Virgie Lenora King			Pemale	12/4/1912	2 7/8/1986
PLACE OF DEATH-	CITY OR TOWN B1 Cajon	PLACE OF DEA		STATE IF NOT IN CALIFORNIAL	Clyde Ki	SS OF SPOUSE OR OTHER INFORMANT
NAME AND ADDRES	S OF FUNERAL DIRECTOR FOR PERSON AN IAKESIDE SANTEE PURE			F-997	CONTRACTOR	dena Rd. c, CA 92040
	TYPE OF PER	міт, снеск о	INLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION	
I BURIAL (IN	CLUDES ENTOMBMENT)		NTERMENT AND BUR	IAL (INCLUDES		AND REINTERMENT OF CREMATED LUDES INURNMENT)
2 CREMATION	N AND BURIAL (INCLUDES INURNMENT)		NTERMENT, CREMATI LUDES INURNMENTI	ON, AND BURIAL		OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC			NTERMENT, CREMATI ER THAN IN A CEME	ON, AND DISPOSITION TERY	FOR CO	DRONER'S USE ONLY PENDING
INTERMENT	NAME AND ADDRESS OF CEMETERY W				D	San Diego
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BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER	DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS	S			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to	dent under prespass and nu	ovisions of the He isance lows apply	alth and Safety Code, and understand that	SIGNATURE OF APP DATE SIGNED	LICANT
LOCAL REGISTRAR	This permit gives no right of unrest This Permit is issued in accordance with OF the california health and safety col Authority for the disposition specified is	H PROVISIONS A	AMOUNT OF FEE PAID	JECT PERMIT IS 1986	SIGNATOR OF LINE	ALPRECESTRAR ISSUING PERMITS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	TER DATE	FIGNES OF	PERSON INCHARGE OF C	DISPOSITION LI	CENSE NUMBER OF CREMATED REMAIN ISPOSER, IF APPLICABLE
IF DISPOSITION IS TO DECUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DE	AV)	1	- An	

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

Credit

MJ. HOPE-CEMETERY INTERMENT ORDER

City of San Diego

Date 7/8/86

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naFu	meral, date, time
Veut/Uner Church, Chapel, Graveside	Mort
CONTRACT MALCONAL TO A SCHOOL COLOR	
THE COMMENT OF SHARE STATE AND ADDRESS OF THE COMMENT OF THE COMME	of regular work day or an extra charge will be app
and billed to undersigned. War time veteran	=
ot 139 Grave 1- Row	Section Division/844
Grave space & Care Fund To all	ow Double 495
Additional spaces and care fund	Culat for Two -
Opening/Closing & Setup	I Audil -
A CANADA	<u> </u>
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Paid re	Total Due 475 aceipt number 33530 25 Balance due 470
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OLA TOLIVER

WILL HANDLE.

TENT 2169:50

DDRESS 4	15 D. Street, Apt 34, Chula Vista, Ca 92010 RAT	ING	LIMIT	TO SECURE A SECURE ASSESSMENT OF THE SECURE AS
DATE	ITEMS	DEBIT J	CREBIT	BALANCE
1 5 86	Lot 139, Grave 1, Section 1, Division 11	495 00	293 00	202
89	Causer 13, Receipt 37444		2000	182
89	Causon 14, Receipt 37624		2000	1620
8 89	Churchen 15, Resent 37781		2000	190
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7.7	79			
1		00 2		1

OFFICIAL RECEIPT WANTE TO CUE CAMARY CE PINK GOLDENROD	MOUNT HOPE CEMETERY	Nº 33530
From Shark to	Piner Address 415. D.C.	Date: 78/86,19 + 443 - V. 92010 Dollars (\$2500
for South	Cielitale deposit or	Space Division //
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPS "PAID" IN THIS COLOR. JUL 14 1986	20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181
after this Payment 77 7 /	ACCE DI SSUED BY COUNTY	Buries 100 Containers 77182 Recording fees or 100 misc. service fees 77183 Sales Tax 8020 TOTAL PAID 8 200

100	OFFICIAL RECEIPT		E 6	021
	WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROO RETAIN	MOUNT HODE CEMETERY	Nº Of-C	33627
	From Tras. Toler	Address: 415 St C	hela Vista Dollars (4)	9200
3	In	Row_S	Section /	Division //
1	Involce No.	MOT VALID FOR HUMPOSE STATED UNLESS STAMPED AUG 1 3 70 - 1 0 7 1	CREDIT 87007 20% Sales Care 77184 87% Sales 100 of Loss 77184	200
	W.O. E - 6/2/ Unpaid Balance after this Payment #4/5/	E AUG 1 3 1994 986	Openings & 100 Sansice Charges 77181 Burlet 100 Containers 77182	24
	Pre-Need At Need On Acct		Recording fees or 100 misc service fees 77183 80101 Selec Tax 9020	
1	AC-212 (Nev. 8-86)	ISBUED BY SO ON A BIC	TOTALPAID	26 10

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ADD	ANGEL				7-2						
CITY						STAT	E		ZIP		

DO NOT MAIL ENTIRE BOOK
ACCOUNT No. E-6021 E 602

Ifa L. Toliver 415 D St. Apt 34 Chula Vista, CA 92010

Month and Day Due Indicated Below

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FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
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Amount due when paid on, or before. due date above:

10th

Amount due if paid more than _____days after due date above.

\$ 1.00

20.00

s 21.00

Amount Received	\$

ADDRESS

NAME

CITY

STATE

ZIP

☐ check (✓) if this is new address

TOTAL PAID

On Aget

-AC-212 (Rev. 8-88)

OFFICIAL RECEIPT E10021 37444 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 From: Dollars (\$ Payment of Division Block Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care **80% Sales** of Lots 77184 Acct. No. CITY AUDITOR Opening/ Closing Suriel Containers BALANCE DUE MAR 1 0 1989 Handling Fee Recording & 77183 Pro-Need Tourt 63003 Pre-Need Lot On Acct Sales Tax Pre-need Trust Check 78390 TOTAL PAID AC-212 (Rev. 10-87)

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JAN	FEB	Mon					AUG X		DEC
due di	ate abo		nore ti	or bef		ys)	> s	.00	
							\$		

E10021 OFFICIAL RECEIPT CITY AUD" 37624 CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Date: Division Row Section Grave NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT Invoice No 20% Sales Care 80% Bales of Lots Acct. No Opening/ BALANCE DUE Handling Fee Recording & Misc. Fees Pre-Need Pre-Need Lot On Acct Truet Pre-need Trust Seine Tax 60101 TOTAL PAID AC-212 (Rev. 10-87)

Sand or biling one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK F 6021 ACCOUNT No. E-6021 Ifa L. Toliver 415 D St. Apt 34 Chula Vista, CA 92 Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN Amount due when paid on, or before. 20.00 due date above lOth Amount due if paid more than _____days after due date above. Amount Received \$ NAME ADDRESS CITY STATE □ check (/) if this is new address

OFFICIAL RECEIPT 37781 EL0021 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Addres Dollars (\$, 20, 00 Payment of Division Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 77184 **BON: Soles** of Lots CITY AUDITOR Acct. No Opening/ Closing Buriel Containers BALANCE DUE Handling Fee Recording & On Acct 00000 Pre-Need Lot Pre-need Trust Check COTAL PAID AC-212 (Rev. 10-67)

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E6021 Nº 38109

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N. Cia States	111-	A H Date:	11 21	101	01
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. Twenty all	no 10/1	00 11	Dollars (\$	30 0	0)
In Payment of	lugar 1	o Cledet	dat	-	
4					
Lot Grave	/ Row	Section	1	Division //	
Invoice No	NOT VALID FOR PURPOSE STATED UN	LESS STAMPS CREDIT 20% Sales C		3/3	
Acct. No.		AND Sales Con Lots Opening Closing Closing	77184 — 100	00	0
w.o. 2-602/	cr.	Closing Closing	77181 -	3 4 3 4 5	1
BALANCE DUE 124.00	AND SERVICE	Closing Burist Containers Hendling Re	77182 -	10.00	
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Pre-Need Lot At Need On Acct		Pro-Need Trust	83033 9022 —		
Pre-need Trust Cash Check Q	Marken	Soloa Tax	80101 78390 —		23
AC-212 (Rev. 10-97) 527	ISSUED BY	TOTAL PAID		20	0

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WHITE TO CUSTOMEN CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

E 4021

Nº 38423

Toliver	Address: 415 (),	Date: Flugil	St 14 1987
From: Tury	ty dollars	Malley Dollars	· 20.00
In Payment of	oupon 11	creat so	
Lot Grave	Row	Section/*	Division //
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STATEMENT OF THE STATEMENT OF T	20% Sales Care 77184	
Acct. No.	CITY AUDI	of Lats 77184 Opening/ 100 Closing 77181	2000
BALANCE DUE 103.00	cu,	100 Containers 77182	
	Ang s		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	- 0 11	Pre-Need 83033 Trust 9022 Sales Tax 80101	100 C 10 C 10 C 10 C
AC-212 (Rev. 10-87) [56]	ISSUED BY SMAN ORAL	17 TOTAL PAID \$	20 00

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WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

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No

38036

From La L. Lolis	Address: 4/5 & N	Date:	10:	34 Upda	Vis
In Payment of U	ungen + 18 Ores	1100	yars (\$ _	20.00	
Lot 139 Grave_	Rows	ection	/	Division //	
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 — 100 77184 —	300	
BALANCE DUE 62.00		Closing Burial Containers Handling Fee	77181 — 100 77182 — 100 77185 —	OC TO	TOR
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						0.00	\$		-		_

F 10021 **COFFICIAL RECEIPT** MO 38540 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CEMETERY CANARY ... MOUNT HOPE CEMETERY AUDITOR PINK 264-3151 Dollars (\$ Payment of Division Grave Row Section Stors Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 77184 Invoice No 20% Sales Care AUBITOR 80% Sales 100 of Lots 77184 Acct. No Opening/ 100 Closino 77181 W.O Burist 100 Conteiners 77182 BALANCE DUE 100 Handling Fee 77188 Recording & Misc. Fees 100 77183 Pre-Need 63033 Pre-Need Lot On Acct 9022 Trust Pre-need Trust Sales Tax 60101 Cash 78390 ISSUED BY This TOTAL PAID 1611 AC-212 (Rev. 10-87)

land or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ELEDZI ACCOUNT No. E-6021 Ifa L. Toliver 415 D St. Apt 34 Chula Vista, CA 920 Month and Day Due Indicated Below SEP OCT NOV DEC IAN JUN MAR APR MAY Amount due when paid on, or before, due date above Oth days Amount due if paid more than_ after due date above. Amount Received NAME **ADDRESS** STATE CITY check (/) if this is new address

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

ELEOZI Nº 38751

CANARY CEME PINK AUG	MOUNT HOPE CEMETERY 264-3151		
From Fra Doling	Collars and	Date:	4, C, V. 920/0 lars (\$ 40. W
Payment of	Credet lot	ection /	Division //
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist	87007 40 0 77184 100 77184 100 77184 100
	JAN 1 6 1990	Handling Fee Recording & Misc. Fees Pre Need Trust	77162 100 77185 100 77183 83033 9022 80101
Pre-need Trust Cash Che AC-212 (Nev. 10-87) 1642	ISSUED BY LENGUATE		\$ 40 00

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	-			Ar	nount l	Receive	, (C			
MAN	RESS									

or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK - E 6021 ACCOUNT No. E-6021 Ifa L. Toliver 415 D St. Apt 34 Chula Vista, CA 92020 Month and Day Due Indicated Below NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Amount due when paid on, or before, due date above. toth Amount due if paid more than.... days after due date above. Amount Received NAME

STATE ZIP

ADDRESS

CITY

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E LEOZ I	112 5	38832
From: Fra Joliver Due Mallar In Payment of Cla	Address: 415 DAK, C	10/ 34 C	ollars (\$ 2	
Lot _/39 Grave_	Row Se	CREDIT 20% Sales Care	67007 77184	Division //
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~ /		of Lots Opening/	100	CITY AU
W.O. E-LOZA BALANCE DUE		Opening/ Closing Buriel Containers Handling Fee Recording &	100 77181	FEB 12
wo. E-6021		Opening/ Closing Burial Containers Handling Fee	77181	

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

Λ ρ .
This Agreement entered into this, 8 day of July . 1986
between had. Toliver , 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 exclu-
sive right of interment in: Lot 139, Grave , Row , Section
, Block/Division, located in Mt. Hope Cemetery, for and in
consideration of a total purchase price of \$ 4950, payable as follows:
\$ 2500 cash herewith, the receipt of which is hereby acknowledged;
\$ 200 on the 10 day of august , 1986; and the
balance in installments of \$ 2000 or more, payable at the office of
Mt. Hope Cemetery, on the 10 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 INTER-
MENT 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
ADDANGEMENTS CAN BE MADE REFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE

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.

Send Papuert Back

GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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:

| The Start S

CITY OF SAN DIEGO Mt. Hope Semetery

By:



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

	CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 254-3151	//	-17		21
From!	rad Toline	20/100 Address: 4/5',0'Vt (dula 1	ista	(a 92	611
in the	E Payment of	delit lat sale		ollers (\$ C		
Lot 13	9 Grave	/ Row_s	ection	1	Division Block	11
Invoice No		NOT YALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20%, Sales Care 30%, Sales Care 0f Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 —	20	00
BALANCE I	DUE \$39000	CITY AUD NOV 18 1		100 77182 — 100 77185 — 100 77183 —		
Pre-need Trus	At Need On Acct On Acc		Pro-Need Trust Sales Tex	63033 9022 60101 78390	20	100
AC-815 (Rev. 11	AND THE PARTY OF T	ISSUED BY	L TOTAL PAID	The same of the last	~6	160

ACCOUNT No. E-6021

Ira L. Toliver 415 D St., Apt 34 Chula Vista, CA 92010

Month and Day Due Indicated Below

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

\$ 20.00

Amount due if paid more than. after due date above

Amount Received

NAME

ADDRESS CITY

STATE check (/) if this is new address

OFFICIAL RECEIPT WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR From: 14 Talux	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181 Address: 4/5 '&' Ot	Chula	Nº 34004 E WO21 -10 1086
In A g Payment of Paym	Row 8 NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR	ection	Division // Sicole // 07007 77184 20 00
W.O. E (CO2) BALANCE DUE \$\frac{1}{27000}\$ Pre-Need Lot \$\frac{1}{2}\$ At Need \$\frac{1}{2}\$ On Acct \$\frac{1}{2}\$ Pre-need Trust \$\frac{1}{2}\$ Cash \$\frac{1}{2}\$ Check \$\frac{1}{2}\$	DEC 15 1500	Burial Containers Hendling Fee	100 77182 100 77182 100 77183 100 77183 60003 60000 60000 60000

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DO NOT MAIL ENTIRE BOOK_ ACCOUNT No. E-6021

F 6021

Ifa L. Toliver 415 D St. Apt 34

Chula Vista, CA 92000 Month and Day Due Indicated Below JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR Amount due when paid on, or before, 20.00 due date above 10th 1.00 Amount due if paid more than _____days after due date above. Amount Received NAME

ADDRESS CITY

check (/) if this is new address

OFFICIAL RECEIPT WHATE TO CLATTONNER CANAANY CHAPTON PINIX TO CLATTONNER CANAANY CANA PINIX TO CLATTONNER CANAANY CHAPTON PINIX TO CLATTONNER CHAPTON PINIX TO CLATTON PINIX TO	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 CL Address: 415 1 15	Dete: 04	Nº 34382 Eurozi 1-02 1987 0. V. Ca 92010
In Alt Payment of All Lot 439 Grave Invoice No. Acct. No. W.O. E. 6621 BALANCE DUE \$31700	RowS NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	ection CREDIT 20% Balas Care 80% Sales of Lots Opening Closing Suris Containers Handling Fee	Olivision
Pre-Need Lot At Need On Acct Pre-need Trust Cesh Check AC-212 (New, 11-88)	IBSUED BY L. Zang	Pecording 8 Mino, Peace Pre-Naed Trust Salbe Tax TOTAL PAID	7100 7100 80003 80022 80101 78590 \$ 63 00

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OFFICIAL RECEIPT WHITE TO GUSTONER CANARY CEMETERY PINK AUDITOR From: Na J. Jalune Lister- Turo and	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151 # 34 Address: 4/5 0/52.	E 6021	Nº 5-20 Was ta	34595
Lot 139 Grave	renied let	ection		laion //
Acct. No. W.O. E 6621 BALANCE DUE \$2652	NOT VALID FOR PURPOSESTATED LINE SSSTAMPED PAID IN THIS SPACE. CITY AUDITOR MAY 29 1987	CREDAT 20% Sales Care 20% Sales of Lets Opening/ Closing Surist Containers	67007 77184 100 17184 100 77181 100 77182 100 77183	42 100
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-86)	ISSUED BY BEARING	Handling Fee Recording A Misc. Fees Pre-Need Trust Sains Tax TOTAL PAID	77163 100 77163 63033 6002 80101 78380	42 60

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ACCOUNT NO. B-6021 . E LOZ

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	OFFICIAL RECEIPT WANTE TO CLISTOMER CAMARY CEMETERY PINK From: La Jalwei Sufty Three	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 4/5 & &	Date: 7-0	29 87 Chula Vista
**	Lot 139 Grave	ROW SO NOT VALID FOR PURPOSE STATED LINE PROSESTANCED	CREDIT 87007 77184 -	Division //
2	Acct. No	PAID IN THIR BPACE.	### 100 Sales Care	62 00
	Pre-need Lot / At Need On Acct Pre-need Trust Cash Check SA	Andy Word	Trust 9022 - Salee Tax 80101 78390 - TOTAL PAID \$	6300

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Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK E 402-1

ACCOUNT No. B-6021 E 402-1

ASSET ASSET OF SECOND
Amount due when paid on, or before, due date above

after due date above.

NAME

Amount due if paid more than _____days

s 20.00

days s 1.00

Amount Received

IRA L. TOLIVER

CHULA VISTACTOR 92010

I check (/) if this is new address



SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
964-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

February 22, 1989

Ira L. Toliver 415 D Street, Apt 34 Chula Vista, Ca 92010

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Landea Ward

Mt. Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

Supply City of San Diego

Date 7/8/8L

	ALES
You are hereby anthorized and instructed, s	subject to your rules and regulations, to inter the remains
of John M	ack Walker, man
in a Call dine	Funeral, date, time - 17/W/
Church, Chapel, Graveside	HS Canalle Mortuary.
Market Company of the	
CONTRACTOR OF THE CONTRACTOR O	m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vetera	in
101 21 Grave 12 Row -	Section 2 Division/Block //
	Sould Similar State 1
Grave space & Care Fund	250°-
Additional spaces and care fund	none
Opening/Closing & Setup	─ 7 320 °°
	/00 00
Burial Contains	10000
Handling Fees	
Flower vases - Marker Setting fee	
Recording and HIM THE GREEK CEMEIE	RY
Sales taxes CITY of SAN DIEGO, CA	LIF. 6 25
0+	Total Due 857 00
) and all to	33563 000
a holid	d receipt number 2233 3
Sur HE COLL	Balance due
I hereby certify I am the	Jeslie - of the above named decedent
and this is your authority to make disposition	on of remains as above indicated. I certify and represent
any liability on account of said authorization	ion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
	of for mortungall
I hereby authorize the interment in lot I hold under deed.	Suretural
mote distair deed.	Letus 1
Signature of recorded holder of deed	- Mary & Rate
	State Zo Code
	Telephone
	/
E 6099	Invoice #
Work Order # E 6022	Acet. #

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Quality Regulation Regulation Reviews Research	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 7/13	33553
In Sell Payment of An		Source 2	Division
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. AUDITOR	### CREDIT 20% Sales Care 77184 ### 80% Sales 700 of Late 77184 Openings & 77184 Openings & 100 Service Charges 77181 #################################	32000
Pre-Need At Need On Acct Ck A Cash C	18SUED ROYUNTHOS	Recording tees or 100 miss: service fees 77183 80101 Snies Tax 9020 TOTAL PAID s	856 00

PERMIT FOR POSITION OF HEAN REMAINS

E10022



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	JOHN HACK WALKET	S	Male .	Dec. 7, 1	918 July 7, 1986		
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY (OR S	TATE IF NOT IN CALIFORNIAI	Minnie Ma	SS OF SPOUSE OR OTHER INFORMANT		
The same of the sa	ss of funeral director (or person at lerson-Regsdale Hortui	A Charles of Charles o	FORNIA LICENSE NUMBER		wood Terrece , CA 92113		
	TYPE OF PER	MIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION			
=	CLUDES ENTOMBMENT) N AND BURIAL (INCLUDES INURNMENT)	5. DISINTERMENT AND BURI		8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)			
		6. DISINTERMENT, CREMATIC (INCLUDES INURNMENT)	ON, AND BURIAL	DISPOSITION	T OF CHEMATED REMAINS AND OTHER THAN IN A CEMETERY		
GEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CREMATI OTHER THAN IN A CEME		FOR C	ORONER'S USE ONLY PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W	[2] F. F. B.	AINS ARE TO BE INTERRE	0	COUNTY Sen Diego		
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BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY	OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			(9.)		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby admowledge that to this permit gives no right of uncert	dent under provisions of the Hea espass and nuisance laws apply	ith and Safety Code, and understand that	SIGNATURE OF APP	LICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH DE THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE \$3.00	JUL 1 1 198	Abrall	AL CONTACT ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON ter	SIGNATURE SIGNATURE	PERSON IN CHARGE OF C	ISPOSITION L	ICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO DOCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					
COPY 3 OF TH	HE PERMIT IS TO BE RETURNED T	O THE COUNTY OF DEATH W	HEN THE REMAINS A	RE DISPOSED OF	IN ANOTHER COUNTY IF NOT		

APPLICABLE, COPY 3 MAY BE DISCARDED THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR

MTHOPE COMETERY

INTERMENT ORDER

City of San Diego

a Funeral, date, to funeral, date,	; Mortuary
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ot 4506 Grave Row Section	Division/Plack
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ower vases - Marker setting fee	
ecording and filing fee	
ales taxes	195
	Joint Due
Paid receipt number	11100
0111/	Balance due 6783
nereby certify I am the MMLels	of the above named deceden
nd this is your authority to make dishosition of replains a	is above indicated. I certify and represent
at I have the right to make this authorization and agree to by liability on account of said authorization and intermet	nt.
nereby authorize the interment in lot I	Min Dahaus
old under deed.	POBOY YUGE
Address	Valua Vona. 16
State	08-3095433
Telepho	(DZ-3Z-737-33

64500 9-12-86 337331 590 00 133839/ 2700 10-15-86 56300 33970 / 2700 12-3-86 01-13-87 34094 / 02-05-87 34174 27 00. 03-17-17 34322/ 42700 06-26-87 34744 2800 9-21-87 35056 12-24-87 85354 3 7100 3430

	.O. Box 4406, Kailua-Kona, Hi 96745	RATING	LIMIT	UANG PROPERTY.
DATE	ITEMS	DEBIT	CREDIT	BALANCE
2 88	Lot 4806, Divison 10 Coupen & 12\$ 13, Server 3.	695 00	352 00 5800	343 00
23 88	Coupen # 1415, Lecupt 35	952	5600	23/0
18 88	Cacan 17918 Rougt 361	91	3600	1490
7 88	Coupen 19420 g leavet 3	6263	5600	9/0
1 00	ought si hange	/2/		-00
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OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: Que Makan From: Payment of Cul	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151 Address: P.O. Box 4406 **Sale pre head for	No N	33534 /86,19 4: 96750 50°2
Lot 4806 Grave	now h	Section	Division 10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Core 77184	+
Acet. No.	C/72 1986	80% Sales 100 of Lots 77184	50 05
W.O. F 6025 Unpaid Balance	JUL 14 1986	Openings & 100 Service Charges 77181 _	
after this Payment 670	OL I OR	Burial 100 Containers 77182	
outel	7986	Recording fees or 100 misc, service fees 77183	1
Pre-Naed At Need On Aget C	e Inui	Selva Tex 60101	-
AC-212 (Ray, 8-85) 15-91	ISSUED BY WHILE	TOTAL PAID	50 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER CAMARY CEMETERY PINK ALIOTOR GOLDENROO RETAIN

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

Grout

5 0013

Nº 33839

Infart Perment of f	uneal est	Dollars (9.	2400
Lot 4806 Grave	Row Se	etion	Division Blook-
Acct. No. W.O. E - 6023 Unpaid Balance after this Payment \$56300	CITY AUDITOR OCT 1 6/1986	CHEDIT 67007 20% Sales Core 771 84 60% Sales 771 84 00 of Late 771 84 Openings & 100 Service Charges 771 81 Bartel 100 Consensors 771 82 Recording lase or 100 mice, service fees 77183	á1/
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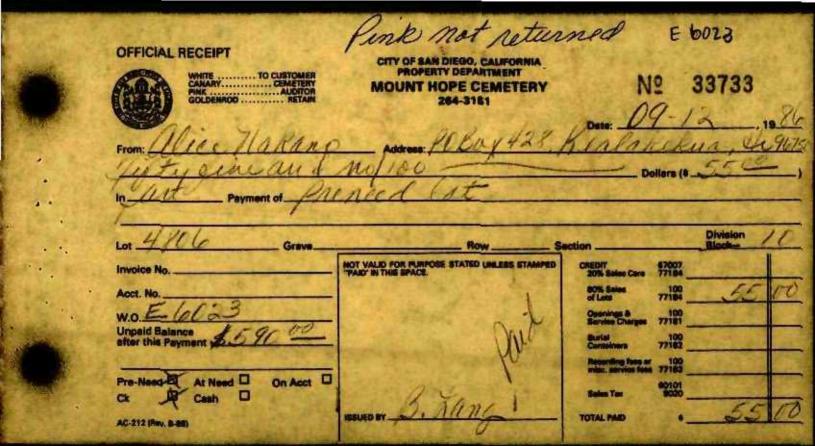
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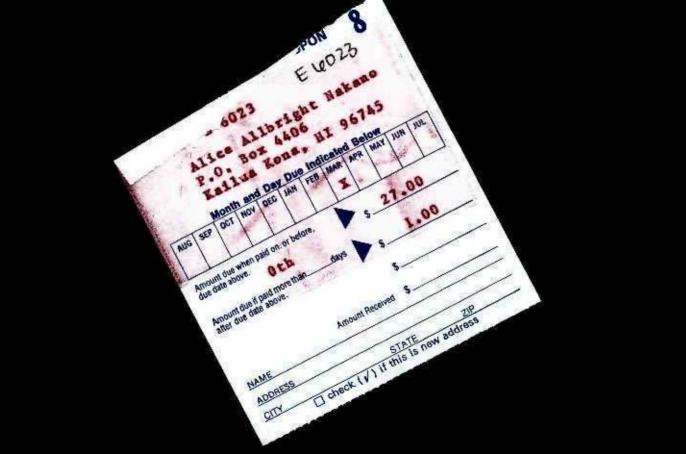
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E 6023 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY GEMETERY MOUNT HOPE CEMETERY 264-3161 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CREDIT Invoice No. 20% Sales Cars 90% Sales of Lots Acct. No BALANCE DUE Handling Fee lecording & Pre-Need Lot - At Need | On Acct Pre-need Trust Check X Sales Tex TOTAL PAID AC-212 (Rev. 11-26)

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OFFICIAL RECEIPT WHATE TO CUSTOMER CANARY AUDITOR From Liege // Liege Tileerty - Lieg	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	E 6023	Nº 9-2/ Kaulee	35056
Lot 4806 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	Section	Divk Sice 67007 77184	
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OFFICIAL RECEIPT E 6023 No 35796 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Dollars (\$, 56.0 Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 77184 Invoice No "PAID" IN THIS SPACE 20% Sales Care 80% Sales 77184 CITY AUDITOR Acct. No. of Lots Opening/ Closing **Burist** MAR 08 1988 Containers 77182 100 Handling Fee 77185 Recording & 77153 On Acct Pro-Need 83033 Pre-Need Lot Troud Pre-need Trust Check Sales Tax 78390 TOTAL PAID AC-212 (Rev. 18-87)

Send or bring one coupon with each remittance COUPON 12

DO NOT MAIL ENTIRE BOOK E 6023 ACCOUNT No. E-6023 Alice Allbright Nakano P.O. Box 4406 Kailma Kona, HI 96745 Month and Day Due Indicated Below DEC JAN FEB MAR MPR MAY JUN JUL AUG SEP OCT NOV Amount due when paid on, or before, due date above Amount due if paid more than days after due date above. 28,00. Amount Received NAME ADDRESS CITY STATE ZIP

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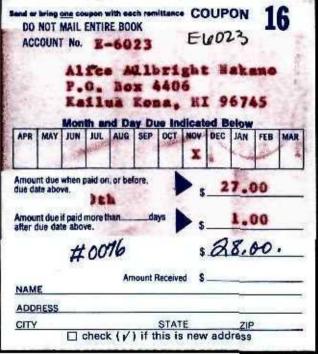
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OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From Life //Life // Life //	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 75-5805 Address: 75-5805	EU023 Date: 3- Navi & Doll	Nº 23 idua iare 15 56	4_
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E4023 36011 OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 90% Sales of Lots Acct. No. Opening/ Clasing Buriel SDO CITY AUDITOR Containers 100 Handling Fee 7710 Recording & 77183 On Acct Pre-Need 63033 Pre-Need Lot Trust Pre-need Trust Sales Tax TOTAL PAID AC-212 (Rev. 10-87)



	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	E 6023	Nº R	36171
	In Payment of C	address: B. Q. Box 10/100 gugan 17/1/8 0	WIT X	Cuilce ojjars is Slo Divisio	a-tina
•	Invoice No. Acct. No. W.O. E-6023 BALANCE DUE 147.00 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New. 10-87)	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUDITOR MAY 23 1988	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burks Containers Handling Fee Recording & Misc. Feet Trust Sales Tax TOTAL PAID	87007 77184 100 100 17184 100 77181 100 77182 100 77185 100 77185 63033 6022 86101 78390	5600

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OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

E6023 Nº 36263

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In Payment of	19920 WILL	au xo	1		AL.
.Lot 4806 Grave	Row Se	action		ivision	0
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Acct. No. F-6023	CITY AUDITOR	90% Sains of Lots Opening/ Closing	77184 100 77181	0	00
BALANCE DUE 91, 00	JUN 13 1988	Burial Containers	77182 ————————————————————————————————————		
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Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Value like	Pre-Head Trust Selan Tax	60101 76300		
AC-212 (New. 10-87) 0/90	ISSUED BY FOUNDAL VILL	TOTAL PAID		56	00

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F 4023 NE 36527 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Division Section Block Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 57007 77184 Invoice No 20% Sales Care 80% Sales 77184 of Lots Acct. No. CITY AUDITOR Opening/ Closing Burisi Containent BALANCE DUE AUG 12 1988 Handling Fee Recording & Misc. Fees 100 77163 Fre Noed 63033 Pre-Need Lot Trust Pre-need Trust Sales Tax 6010 Check TOTAL PAID AG-212 (Rev. 10-07)

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"The Lord is great . . . Honor and majesty are before him: strength and beauty are in his sanctuary."

—Pedm 96.4.6

Thank you for waiting for my money, but & Sanally got caught upso the saying goes, "Hawaii is a great place to Visit, but à terrible place to live " It's so expensive here - and I miss San Diego To much - It's still my home.

Alice Miki Nahano 75.5805 Mani Kailua Pl. Kailua Kona Hi 96740

808-329-4608-

no Buril MT HOPE CEMETERY INTERMENT ORDER City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 MAA Division/Block 200 Grave _ Section . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup

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

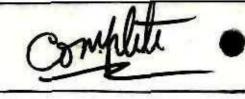
Balance due

any liability on account of said authorization a	nd interment.
I hereby authorize the interment in lot I hold under deed.	Laura & Batel 3131-Kingsley St.
Classes and advantaged by the set and	1011 111000 600 974

5.500 223-3734

#11279

OFFICIAL RECEIPTS WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO. CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº Nº	33536
From: Laura S. Bai	tel Address: 3131 Kingeli	Date: Dollars (6	3500
Lot 200 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	ection MAS CREDIT 20% Sales Care 77184_	Division A
Acct. No. W.O. F - 6024 Unpeid Balance after this Payment	JUL I A 1986	80% Sales 100 of Lots 77184 _ Openings & 100 Service Charges 77181 _ Burlai 100 Containers 77182 _	
Pre-Need At Need On Acct Cash	Loyen Lath	Recording fees or 100 misc. service fees 77123	35 00





CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Dead

Nº 11279

	LAURA G. B					(DOLLARS)
	L DESCRIPTION					
AS D	ESCRIBED ON F	PURCHASE ORD	ER NUMBER	E-6024	and B-3352	

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

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

Cemorery Manager

Property Director

RECEIVED

JUL 9 1986

MT. HOPE CEMETERY

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego ou are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside . All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Section Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees Flower vases - Marker setting fee . Recording and filling fee Total Due ,..... Paid receigt 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 intermy I hereby authorize the interment in lot hold under deed. Invoice &

Work Order (PY-583 (REV. 8-86)

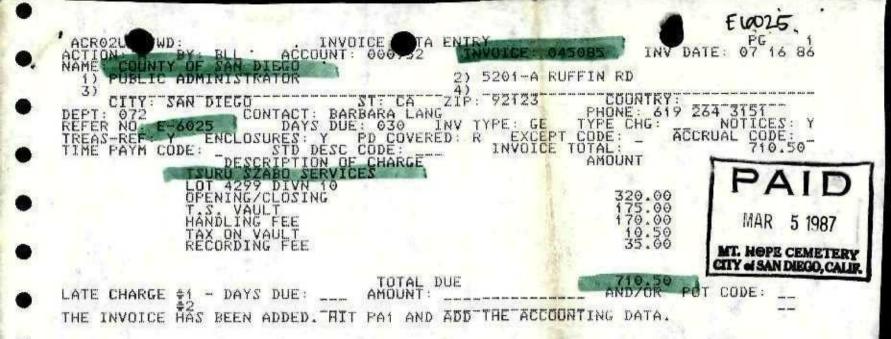
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PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Т		SEX	DATE OF BIRTH	DATE OF DEA Found
7	SURA SZEBO		Female	01-29-1911	July 07, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIA		OF SPOUSE OR OTHER INFORMANT
	hula Vista		Diego	Public Admi	
NAME AND ADDRES	SS OF FUNERAL DIRECTOR IOR PERSON	Mila Vista, CA	CALIFORNIA LICENSE NUMBER	5201-A Ruff	
Humphrey Ch	ula Vista Mortuary-85	5 Broadway	17-964	San Diego,	CA 92123
	TYPE OF PERA	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION	
II 1 BURIAL IIN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL INCLUDES	8. DISINTERMENT AN REMAINS (INCLUDE	D REINTERMENT OF CREMATED ES INURNMENTJ
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREM			CREMATED REMAINS AND ER THAN IN A CEMETERY
3 CREMATIO	N AND DISPOSITION OTHER THAN IN A			FAR 5000	STERNA LIGHT CARLY
4 SCIENTIFIC		OTHER THAN IN A CI		□ 10. DISPOSITION PEN	DNER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W		REMAINS ARE TO BE INTERRI	FD.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREM	DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SI	UFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named doce and I hereby acknowledge that to this permit gives no right of unrest	dent under provisions of the esposs and nuisance laws ap	Health and Safety Code, ply and understand that	SIGNATURE OF APPLICA DATE SIGNED	NT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUSORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE \$3.00	and the distance	- The	EGISHRAP SUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	THE SIGNATURE	OF PERSON IN CHARGE OF	SPOSITION LICEN	SE NUMBER OF CREMATED REMAIN: OSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			*

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



TOTALLY FOR MALINA TUPERIOR COURT OF CALIFORNIA, COUNTY OF STRET JORGES MALING JORGES TOTAL OF COCE BRANCH MARKE: TEUR A Stabo ORCEDITOR'S CLAIMS* CREDITOR'S CLAIMS* CAS MALINES This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, \$ 700. DECLARATION OF CLAIMANT 1. Total amount of the claim: \$ 710.50 + Interest Claimant Instruct L. W. Hope Cemetery a. W. Staron individual b. an individual or entiry doing business under the fictitious name of Ispecify: c. a partnership. The person signing has authority to sign on behalf of the partnership. d. accorporation. The person signing has authority to sign on behalf of the partnership. 3. Address of claimant (specify): 3751 Martin L. King Way (Formerly Market St.) San Diego, CA 92102 4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payme that have not been credited. William under the laws of the State of California that, this creditor's claim is true and correct. Interest California Market Ano Titule 5. Date of first issuance of letters: 8. Date of first issuance of letters: 9. Claim is rejected for: 8 Claim is rejected for: 8 Claim is rejected for: 8 Continued on reverted of pages attached: (Continued on reverted) Continued on reverted.	TOMET FOR ABOVE SUPERIOR COURT OF CALIFORNIA, COUNTY OF STRET ADDRESS MALINA JORESS TOTAL OFFICE TOTAL OF POSCE BALLON JORESS TARE OF CHAMBE: TO DECEDENT CREDITOR'S CLAIM* CAST MAMBE 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. Total amount of the claim; \$ 710,50 + INTEREST Claiment (name): Mt., Hope Cemetery a. [XX] an individual or entiry doing business under the fictitious name of (specify): c. a partnership. The person signing has authority to sign on behalf of the partnership. d. a corporation. The person signing has authority to sign on behalf of the corporation. 3. Address of claimant (specify): 3751 Nartin L. King Way (Formerly Market St.) San Diego, CA 92102 4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payme that have not been creditor. San Diego, CA 92102 5. Date of first issuance of letters: CRETITE UND PRINT NAME AND TITLE! SIGNATURE OF CLAIMANT (ITYPE OR PRINT NAME) (SIGNATURE OF PERSONAL REPRESENTATIVE) THE Claim is allowed for: \$ SIGNATURE OF PERSONAL REPRESENTATIVE (SIGNATURE OF PERSONAL REPRESENTATIVE) 11. Approved for: \$ SIGNATURE OF PERSONAL REPRESENTATIVE SIGNATURE OF PERSONAL REPRESENTATIVE 12. Number of pages attached: Signature Tobase has rescuence.	AFTORNEY FOR Marray	
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12. Number of pages attached: Signature follows last ettachment (Continued on reverse)	12. Number of pages attached: Signature follows last ettachment (Continued on reverse)	The second secon	
(Continued on reverse)	(Continued on reverse)	SIGNAT	URE OF JUDGE COMMISSIONER
(Continued on reverse)	(Continued on reverse)	12. Number of pages attached: Signature (follows last ettechment
			5057 Y 045 TSR64N CSR 44997.5
	se reverse for instructions before completing.		

Form Approved by the Judicial Council of California 0E-170 (Rex January 1, 1985)

X

CREDITOR'S CLAIM (Probate) From C 705-708, 710 712-714, 717

CASE NUMBER

Decedent

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was randered 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 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

0	Date of Item	ltem	Amount Claimed
X 07/	14/1986	X Burial services for Tsura Szabo Lot 4299 Division 10 Opening/Closing Top Seal Vault Handling Fee Recording Fee Tax on Vault	\$320.00 175.00 170.00 35.00
		07/16/1986 - Invoice #045085 sent	\$710.50
		12/02/1986 - Creditor Claim submitted.	e ad
		NO.IDE	20
		State Health and Safety Unde Division 7, Part L. Chapter 3, Section 7101 pasts of funeral services, terretier with interest threadn from 60 days after note or death, shall be considered on part of the funeral expenses. Mosthly interest in the amount of 7.10. will be added starting 3-2-87	
10			
	. 7		
	3		
e e	ii.	X _{TOTAL}	K \$ 710.50

	OFFICIAL RECEIPT WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR From: Students Stu	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Dollars (\$ 1592) Tourne Salar
Nan	Lot Grave #	Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CRE	Division Block
	Acct. No. E-6025	CITY AUDITOR	0% Sales Cars 77184 Of Sales 100 1 Lots 77184 parting/ 108 losing 77181
	BALANCE DUE	AUG 24 1988	urial 100 5 00 100 100 100 100 100 100 100 10
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check K	De la	re-Need 85038 9020 9020 9020 1 76390 932 1 76390 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

E4025 Nº 36575

CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151	Date:	8-0	22.	26
n_ Payment of J	thert fein	11/1/10	ollars (\$ _	135	00
Lot 4299 Grave	Row	Section		Division /	7
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 00% Sales	67007 77184 100		
W.O. E-6025	CITY AUDITOR	Opening/ Closing Burist Containers	77184 — 100 77181 — 100 77182 —		
BALANCE DUE	AUG 24 1988	Handing Fee Records & Misc. Fees	100 77185 — 100 77183 —	135	00
Pre-Need Lot At Need & On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-076 3 880)	Vanda 100	Pre-Need Trust Sales Tex	80101 78380	170	
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	The state of	101	110



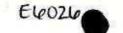
INTERMENT ORDER

City of San Diego

Date July 11, 1986

You are hereby authorized and instructe	ed, subject to your rules and regulations, to inter the remain
of SIGNE	L SOHN TRUE
in a Toppleal Bult	Funeral, date, time July 17, 1986 (10.
Church, Chapel, Graveside Cheful	4 S.S. Lewis - Colonial Mortuer
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge will be applie
and billed to undersigned. War time ve	teran NO.
Lot 47 Grave 7 Row	Section Division/Block
Lot Grave Row .	Section Division/Block//
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	520
Burial Container	Vault - 1/5
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	<u></u>
Seles taxes	
	Total Due
(over)	Paid receipt number
	Balance due 7/0.5
I hereby certify I am the and this is your authority to make disport that I have the right to make this author any liability on account of said authorize	osition of remains as above indicated. I certify and represe ization and I agree to hold Mt. Hope Cemetery hermiess fro tation and interment.
	man Kink
I hereby authorize the interment in lot hold under deed.	Signature
Signature of recorded holder of deed	tong Din the 92110
	5 10 19 - 295 45 44 De Co
	DUCERN
West Order # E 6026	Invoice # 012207
Work Order # E OUAD	Acct. # 0/830/

CONSERVATOR / PERSON MAY H. Kuchini 4115 TWIGGS SAN Diego, CA 92120 295-4544 Executor: San Diego Trust + Sonings Louk 530 Blackway San Diego, CA 97101 att: Miss Margaret Hamphy 238-4893



	3	USE BLACK INK-MAKE NO AL	TERATIONS OR ERASUR	ES	
NAME OF DECEDEN	π		SEX	DATE OF BIRTH	DATE OF DEATH
SIGNE L. S	OHN		female	June 26, 1890	July 10,1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY FOR	STATE IF NOT IN CALIFORNIA	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT
San Diego		San Diego	-	The same of the sa	i - conservator
NAME AND ADDRES	SS OF FUNERAL DIRECTOR LOR PLESON A	Cajon Bl.	LIFORNIA LICENSE NUMBER	4115 Twiggs	
LEWIS COLO	MIAL/BRIBOUGH San Die	ego, CA	P-480	San Diego, C	A 92120
	TYPE OF PER	MIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION	
BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BUILDING ENTOMBMENT)	RIAL IINCLUDES	8 DISINTERMENT AND REMAINS (INCLUDES	REINTERMENT OF CREMATED.
70703F 46048600 18	N AND BURIAL IINCLUDES INURNMENT)	6. DISINTERMENT, CREMAT		9. DISINTERMENT OF CO	REMATED REMAINS AND
☐ 3. CREMATIO CEMETERY	N AND DISPOSITION OTHER THAN IN A				TRUE LIST STREET
4. SCIENTIFIC		7 DISINTERMENT, CREMAT OTHER THAN IN A CEMI		10 DISPOSITION PENDI	NER'S USE ONLY
	NAME AND ADDRESS OF CEMETERY V	VHERE REMAINS OR CREMATED REI	MAINS ARE TO BE INTERRI	ED CO	YTAUC
INTERMENT	Mt. Hope Cemetery -	3751 Market St. Se	n Diego, CA		an Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V				N CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUFF	ICIENT TO IDENTIFY FINAL	L PLACE AND COUNTY OF D	ISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named decr and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of the He respass and nuisance laws apply	alth and Safety Code, and understand that	SIGNATURE OF APPLICANT DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE VIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE 83.00	JOTE PERMITASSISS	SIGNATURE OF LOCAL REG	CISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	NER DATE	PERSON IN CHARGE OF		NUMBER OF CREMATED REMAIN ER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH		15.1	<u></u>

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

ESTATE OF SIGNS SOHN

E 60 26

No.T 809184

A/C NO. 307866004

DATE 05/27/87

DISP 10 DFF 6 REMITTANCE AMOUNT
INCOME PRINCIPAL

\$760.20

FOR CREDITOR CLAIMS - PROBATE CODE 591

MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA

> PAYMENT FOR SERVICES 7/17/86 \$710.50 PLUS INT \$49.70

6T-DEPARTMENT

SAN DIEGO TRUST & SAVINGS BANK SIGNE SOHN 540 BROADWAY - SAN DIEGO, CALIFORNIA 92101 ACTION: A RY: BLL ACCOUNT: 018307 INV DATE: 08 07 8 NAME : 2) 530 BROADWAY 1) SAN DIEGO TRUST & SAVINGS 3) ATTN: MARGARET HUMPHRY CITY: SAN DIEGO ST: CA ZIP: 92101 COUNTRY: DEPT: 072 _____CONTACT: BARBARA LANG PHONE: 619 264 3151 DAYS DUE: 030 INV TYPE: GE TYPE CHG: ___ NOTICES: REFER MOS ESSA TREAS-REF: Y ENCLOSURES: Y PD COVERED: R EXCEPT CODE: ACCRUAL CODE: TIME PAYM CODE: ____ STD DESC DE: ____ INVOICE TOTAL: 710,50 DESCRIPTION OF CHARGE AMOUNT FOL AL OK L ZEC I DIAM I OPENING/CLOSING ' 320.00 175.00

INVOICE DATA ENTRY

ACRO2U PSWD:

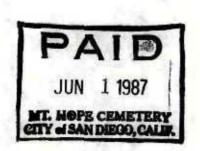
TS VAULT

HANDLING FEE TAX ON VAULT

RECORDING FEE

TOTAL DUE LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: ____ AND/OR PCT CODE.

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



Faid \$ 760 1050 + Jut 49,70 \$760,20

170.00

10.50

35.00

LEEPENDA Des sensitis Yamighta Tudellew YTEAN ND SENSOTTA	TELEPHONE NO. FOR COUNT USE ONLY
-	16 g3
	Fine for approve
	Mense . Osper
ATTORNEY FOR Whomen	Jac.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	Ouprisse market
STMEET AGGRESS:	/dens Geau
MAILING ACCIPESS:	34 02
CITY AND OF CODE	Presented to court for approval:
ESTATE OF (NAME):	
	Count
Signe L. Sohn	DECEDENT
NATIONAL CONTRACTOR CO	CASE NUMBER
CREDITOR'S CLAIM*	10 S 300
	representative or filed in the office of the clerk of the date of first issuance of letters or as provided in Pro-
	TION OF CLAIMANT
 Total amount of the claim: \$ 710.50 + inte 	erest
2. Claimant (name): Mt. Hope Cemetery	***************************************
a. an individual. b. an individual or entity doing business under	the fictitious name of (specify):
	REC ES 1991 GRAV HEST ES IV
c. a partnership. The person signing has autho	PART STATE OF TAXABLE SO AT AN AN
d a corporation. The person signing has author	onty to sign on behalf of the corporation.
3. Address of claimant (specify):	
 I am authorized to make this claim which is justly due that have not been credited. 	or may become due. To my knowledge there are no offsets or payment
declare under genalty of periusy under the laws of the Sta	te of California that this creditor's claim is true and correct.
Date: 08/08/86	<i>M</i>
	See) Otot
George W. Stelter, Cemetery Manager	. x xeogen xeem
ITYPE OR PRINT NAME AND TITLE	(ISIGNATURE OF CLAIMANT)
5. Date of first issuance of letters:	9. Claim is allowed for: \$
6. Date of death:	Claim is rejected for: \$
7. This claim was presented on Idatel:	
8. Estimated value of estate:	minister the estate under The Independent Ad-
TYPE OR PRINT NAMES	ISIGNATURE OF PERSONAL REPRESENTATIVE)
11. Approved for: \$	Rejected for: \$
g	K.
ate:	
2 7 2 8 2	SIGNATURE OF JUDGE COMMISSIONER
12. Number of pages attached:	Signature follows last attachment
	nued on reverse)
See reverse for instructions before completing.	(OVER)
	LIMPS I

Audical Council of California 06-170 (Res. January 1, 1985)

CREDITOR'S CLAIM

Proc C 705-708, 710 712-714, 717

Decedem

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 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 Claime
7/17/1986	X Signe L. Sohn Services Lot 47 Grave 7 Section 1 Division 11 Opening/Closing Top Sealed Vault Handling Fee Tax on VAult Recording Fee	\$ 320.00 175.00 170.00 10.5 35.00
	To a Conservation of the C	\$ 710.50
*		
	State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "Costs of funcral services, tegether with interest the soon from 60 days after date of death, shall be considered as part of the funeral expenses—" Monthly interest in the amount of 2.10 will be added starting 10-17-86	
2		
8	X TOTAL	X; 710.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/11/86

	F 7	
You are hereby authorized and instructed, subject to you	our rules and regulations, to inte	er the remains
of shedrick &	helby	
in a Boll Line, Funeral di	ate time 18. M. Tue	-7/15
C VALUE CILL . I OF W	8. Respelle	7
Cristian, Chaper, Graveside Caracteristics		Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regulations	ar work day or an extra charge v	will be applied
and billed to undersigned. War time veteran	+:	
1100	0	10
Cot 2 Grave 6 Row See	ction _ & Division/Blee	-12
0 1.1	Rev # 29635	
Grave space & Care Fund July 100	Ke # 97634	_
Additional spaces and care fund		
Opening/Closing & Setup		3200
		1000
Burial Container	/*********************	11/50
Handling Eass	***********	170-
Flower vaste Marker setting	***********	
Recording and filing fee		2000
		60
Sale taxes J.J. 1.1	Haddonia walkinger	1010
MT. HOPE CEMETERY Paid receipt no	Total Due	1900
CITY of SAN DIEGO, CALIR.	umber <u>33346</u>	POP 2
CALIF.	Balance due	0
10)0/		
I hereby certify I am the	of the above na	med decedent
and this is your authority to make disposition of rema that I have the right to make this authorization and I ag	ins as above indicated. I certify iree to hold Mt. Hope Cemetery	and represent harmless from
any liability on account of said authorization and inte		2 _
	+ Contra Xh	00.
I hereby authorize the interment in lot I hold under deed.	Signature,	evoy
2	646 Manue	1
Signeture of recorded holder of deed	Calif	
*	26A6579	Zip Code
Ť	eleghard.	
E coor	nvoice #	
A DEFASSION OF THE PROPERTY OF	Acct. #	
PY-693 (NEV. 8-85)		

	OFFICIAL RECEIPT			
	WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 264-3151	Nº Nº	33546
	From adem Shall	y Address: 646 Ravens	Date: Hull	2/02
-	In July Payment of	whenend headow the	Drich Shelf	606 2 .
	57	6	2	Division /2
	Invoice No	NOT VALID FOR THOSE STATED UNLESS STAMPED PAID IN THE SPAIS AUDIO	CREDIT 57007 20% Sales Care 77184	1
	Acct. No	- JULI 7 100	60% Selec 100 of Lots 77184	320 00
	Unpeid Balance after this Payment	_ 6° ~~	Burial 100 Consainers 77182	100 00
	Pre-Need O At Need On Acct	- M AM	Recording fees or 100 miso service fees 77183	18000
	Ck Cash AC-212 (New 8-86)	155 me open lette	TOTAL PAID	606 00

PERMIT FOR POSITION OF HEAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	SHEDRICK SHELBY		SEX NALE	May Sp 1896	July 9, 1986
San Did		PLACE OF DEATH—COUNTY FOR ST		646 Raven St	
Anderson-	Regidale Northery:Sal	n Diego, CA. 92102	1329	San Diego, (A. 92102
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION	
1. BURIAL IIN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND BURIL ENTOMBMENTI	AL (INCLUDES	8 DISINTERMENT AND REMAINS (INCLUDE:	HEINTERMENT OF CREMATED S INURNMENT)
7 <u>201</u> 0	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMATIC (INCLUDES INURNMENT)	ON, AND BURIAL	9 DISINTERMENT OF I	CREMATED REMAINS AND THAN IN A CEMETERY
3. CREMATION CEMETERY 4. SCIENTIFIC	N AND DISPOSITION OTHER THAN IN A	7 DISINTERIMENT, CREMATIC OTHER THAN IN A CEMET		FOR COROL	NER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED REM. 751 Harrist Street ;	Company of the Compan	200	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATED	D DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine, or other description suffic	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI	EIVING REMAINS			
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	dent under provisions of the Hea	Ith and Safety Code,	SIGNATURE OF APPLICAN	π ·
APPLICANT	and I hereby admowledge that he this permit gives no right of unresh			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE \$3.00	JUL 1 1 1980	· Abrall II.	GUNTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE A	PONON IN CHARGE OF E	DISPOSITION LICENS DISPOS	E NUMBER OF CREMATED REMAINS ER. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			
	E PERMIT IS TO BE RETURNED THE L				

HOPE CEMETERY NTERMENT ORDER City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 1000spz 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 -Grave space & Care Fund . Additional spaces and care fund Opening/Closing & Setup . Burial Container Handling Fees Flower vases - Marker setting fe Recording and filing fee **Total Due** Paid receipt number Balance due I hereby certify I am the . of the above named decadent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. of recorded heater of deed

Invoice #

Acct. #

Work Order # E 6028 Pr-803 (NEV. 8-86) # 1/353

OFFICIAL RECEIPT		KALL PARTY	4028	
WHITE TO CUSTOMER CANARY CEMETERY QUITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 7/1/	33547 P6	
From Morcedes	Transput 1212FDu	Date: VG.	2050	9
Gre Heinlind and	1/00	Dollars (8	100 30	
In Car Payment of	epost on the head	Delittele	- 54 10	10
Lengle 9	lane for Goods	lupe Arr	rold-	W. State
Lot 84 Grave		ection	Division /	2
Invoice No.	MOT VALID FOR A PROSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184		-
Acct. No.	- HOT VALO FOR AMOSE STATED UNLESS STAMPED - PAJO IN THIS SPASS AUDITOR	90% Sales 100 of Loss 77184	100	0
W.O	- ST 1885 1001	Openings & 100 Service Charges 77181		
after this Payment	1986	Gurief 100 Containers 77182	_	
Pre-Need At Need On Acct		Recording less of 100 misc. service less 77183		
Ck Cash	Day HAL	Sales Tax 8020 _		
ACTIONW COD	188UED IN COMMENTED IN COMMENTE	TOTAL PAID	100	0

OFFICIAL RECEIPT



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

Nº 33790

From: Menches Trappo De hundred & in gue Payment of P	guite Bladwing	t. 71.0.0a Note: 10-3 Dollars (s.	90150
Lot 34 Grave 3	ROW S NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAGE THAN THE SPACE	critical 87007 20% Setus Care 77184	Division /2
Acct. No	OCT 1 0 1986	80% Sales 100 of Lam 77184	165 00
Pre-Need At Need On Acct O	B. Sang	Recording fees or 100 miles, service fees 77183	1650

Cremains, in vault

Work Order

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

7-11-86 You are bereby authorized and instructed, subject to your rule no egulations, to inter the remains 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 . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup: . Burial Container Handling Fees Flower vases - Marker setting Recording and filing fee ... CITY of SAN DIEGO. CALL 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. Sionahard Signature of recorded holder of dead Zin Cod Invoice # E 6029

Acct. #

Mary Foucher (wife) 1600 9th Ave #27A ESCONDIDO, CA 92025

Nepture Society

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Date	1-86
You are bereby authorized and instructed, su	ubject to your rules an CHER	d regulations, to in	
	uneral, date, time		
Church, Chapel, Graveside		stune	Mortuary.
All Funeral cars must arrive before 3:30 p.m	, of regular work day	or an extra charge	will be applied
and billed to undersigned. War time veteran	I		
Lot 1452 Grave Row	Section 9.37	6 Division/Blo	ock _/O
Grave space & Care Fund			
Additional spaces and care fund			()
Opening/Closing & Setup			
Burial Container			
Handling Fees	,		
Flower vases - Marker setting fee			
Recording and filling fee			3500
Sales taxes			
	Total	Due	3500
Paid	receipt number		
		Balance due	
I hereby certify I am the make disposition that I have the right to make this authorization any liability on account of said authorization	n'of remains as above in and I agree to hold f and interment.	indicated. I certif Mt. Hope Cemetery	y and represent harmless from
I hereby authorize the interment in lot I	× ma	ry Hans	her
Mary Fancher	1600W	The Hand	Estondid
,	245.	-1306	
E coon	Invoice #		
Work Order # E 6029	Acct. #		

OFFICIAL RECEIPT

40-70	
A A	į.
日日華作	١
包含地數學	ı
CONTRACTOR OF THE PARTY	ē

WHITE TO CUSTOMER CANADY. CEMETERY PINK AUDITOR GOLDENROD RETAIN

CITY OF SAN DIEGO, GALIFORMIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3161

Nº 33576

GOLDENROD RETAIN	284-3161	- 4		11
Mary A. Fanal	Ber Accross: 1600 W. 971	Date: 01-0	15	9/4
Thirty own and	nofiou	Dollars (0	3500	= ,
In CUI Payment of PA	4 Han Blan Ser	un		
Lot 1452 Grave	Section 1	ection	Division	10
Invoice No.	HOT VALD FOR HYDRE STATED UNLESS STAMPED	CREDIT 87007 20% Sales Care 77194	A. 4	
Acct. No.	JUL 30 BOS	80% Sales 100 of Lots 77184	100	Hay
W.O	P26	Openings & 100 Service Charges 77181	SALE OF	
after this Payment		Burial 100 Containers 77182 Automing fees or 100 order, service fees 77188	1125	12
Pre-Need C At Need C On Acct C		Seden Test 8030	THE PARTY OF	
AC-212 (Nov. 8-86)	ISSUED BY D. Dance	TOTAL PAID	35	60

PERMIT FOR SPOSITION OF HUMAN REMAINS E 4029



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

Pancher			sex Male	NOV 13,	1896	July 3, 1986
	PLACE OF DEATH—	COUNTY IOR STA	ATE IF NOT IN CALIFORNIA!	Mary Par	cher-	PEYE.
TYPE OF PER	MIT, CHECK ONLY	ONE OF THE F	OLLOWING TYPES OF	DISPOSITION		
CLUDES ENTOMBMENTI			L IINCLUDES			REINTERMENT OF CREMATED INURNMENT)
	6 DISINTERM	ENT, CREMATION	N. AND BURIAL			REMATED REMAINS AND THAN IN A CEMETERY
						IER'S USE ONLY
[[[25] [[[25] [[25] [[25] [[25] [[25] [[25] [25] [25] [25] [25] [25] [25] [25] [25] [25]				/	111	San Diego
			DATE CREMATED	SIGNATURE O	PARSON II	CHARGE OF CREMATORY
		RIPTION SUFFICI	ENT TO IDENTIFY FINAL	PLACE AND COL	JNTY OF DI	SPOSITION
	-			A5.		
remains of the above named dece and I hereby acknowledge that to	dent under provision espass and nuisance	ns of the Healt laws apply a	h and Safety Code, nd understand that	SIGNATURE OF DATE SIGNED	APPLICANT	to to the
OF THE CALIFORNIA HEALTH AND SAFETY CO	DE AND IS THE		UL 9 1986			Land, M.D.
I CERTIFY THAT THE SPECIFIED JUL DISPOSITION WAS MADE ON	- 6 1 1300	IGNATURE OF P	ERSON IN CHARGE OF D	ISPOSITION		NUMBER OF CREMATED REMAINS R, IF APPLICABLE
INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					
	CITY OR TOWN S OF FUNERAL DIRECTOR IOR PERSON AS CIBIT 14065 Ray 8 Bus TYPE OF PERSON AS CIBIT 14065 Ray 8 Bus TYPE OF PERSON AS CIBIT 14065 Ray 8 Bus TYPE OF PERSON AS CIBIT 14065 RAY 8 Bus TYPE OF PERSON AS CIBIT 14065 RAY 8 BUS TO THE THAN IN A LUSE NAME AND ADDRESS OF CEMETERY WELL BODY CONTROL TO THE CONTROL TO THE CONTROL THAT THE SPECIFIED JUIL FOR THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CORPOSITION WAS MADE ON THE CORPORATE OF THE CORPOSITION WAS MADE ON THE CORPORATE OF	PROCESTIFY THAT THE SPECIFIED IN THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	PLACE OF DEATH—COUNTY IOR STATE OF THE PLACE OF DEATH—COUNTY IOR STATE OF THE PLACE	PLACE OF DEATH—COUNTY FOR STATE IF NOT IN CALIFORNIAL SAN DIEGO S. OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCHI TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF CLUDES ENTOMBMENT! TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF CLUDES ENTOMBMENT! S. DISINTERMENT AND BURIAL INCLUDES ENTOMBMENT! AND BURIAL INCLUDES INURNMENT! AND DISPOSITION DTHER THAN IN A TOUR THAN IN A CEMETERY USE NAME AND ADDRESS OF CEMETERY WHERE REMAINS OF CREMATED REMAINS ARE TO BE INTERRED TO THE THAN IN A CEMETERY NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED TO IDENTIFY FINAL THAN IN A CEMETERY NAME AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I am the person baving the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposs and nublance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY OF THE DESCRIPTION THE PERSON IN CHARGE DE DISPOSITION WAS MADE ON GENTER DATE) SIGNATURE OF PERSON IN CHARGE DE DISPOSITION WAS MADE ON GENTER DATE)	PLACE OF DEATH—COUNTY FOR STATE IF NOT IN CALIFORNIAL NAME AND AD STATE IF NOT IN CALIFORNIAL DIRECTOR FOR PERSON ACTING AS SUCHI TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION CLUDES ENTOMBMENTI 5 DISINTERMENT AND BURIAL IINCLUDES N AND BURIAL UNCLUDES INURNMENT) 6 DISINTERMENT, CREMATION, AND BURIAL IINCLUDES N AND DISPOSITION DITHER THAN IN A 1 DISINTERMENT, CREMATION, AND DISPOSITION THER THAN IN A CEMETERY N AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED DATE CREMATED NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED DATE CREMATED ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COLUMN AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknewledge that tresposs and autionace laws apply and understand that this permit gives no right of unrestricted access to property not awared by me. This semint is issued in Accordance with provisions AMOUNT OF FEE PAID I DETERMINE SISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID I DETERMINE SISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID I DESCRIPTION IN CHARGE OF DISPOSITION I CERTIFY THAT THE SPECIFIED I	PLACE OF DEATH—COUNTY IOR STATE IF NOT IN CALIFORNIA. SOP FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH SOP FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION CLUDES ENTONBMENTI TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION AND BURIAL (INCLUDES INJURNMENT) AND DISPOSITION DITHER THAN IN A TO DISINTERMENT, CREMATION, AND BURIAL INSCLUDES INJURNMENT) O DISINTERMENT, CREMATION, AND BURIAL INSCLUDES INJURNMENT) O DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY TO DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY ON AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION O



THE HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/86

of A	
in a Counte Vault Funeral, date, time Wed - 31	PM 7/11-
01 -1	PM ////-
Church Chanal Grangida Heavenile Cumund	110
Chorch, Chapel, Graveside	Vum Mortuan
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extr.	a charge will be applied
TO SEE THE SECOND CONTRACTOR OF THE SECOND S	
and billed to undersigned. War time veteran	
Lot 158 Grave 3 Row Section 4 Div	rision/Block 6
0 1 0 -000	HEXISTO 35/10/00-22 21-22
Grave space & Care Fund . I heed C-0769	
Additional spaces and care fund	
Opening/Closing & Setup	1052
Burial Container Count ash Vault	400
	60°
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	చక `
Sales taxes	2.4
Total Due	242.4
Paid receipt number	
Juny In Dill	lance due
bai	ance due
I hereby certify I am the of the	above named deceder
and this is your authority to make disposition of remains as above indicate that I have the right to make this authorization and I agree to hold Mt. Hope (d. I certify and represen
any liability on account of said authorization and interment.	remarety natimess ito
I hereby authorize the interment in lot I Signature	
Address	
Signature of recorded house of daed	Zio Co
1/1/0/0/0/	1000
AAO DY A	, ,
1100 04	5876
Delect Order # E 6030 Invoice #	01/19
Work Order # L 0000 Acct. #	7411
Work Order #	The second second
PY-893 (NEV. 8-86)	esa Vien

PERMIT FOR POSITION OF HE AN REMAINS \$463\$

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

BOSHOR	The second secon	
Cypress	View Bonham	Brog.

E6030

			O METERITION ON ENVIOUR		Account of the second	ROTOMET	
NAME OF DECEDEN	Louis Alfred Sci	nepp	Skale	Jan. 23,		DATE OF DEATH	1986
	lego	San Di	Y (OR STATE IF NOT IN CALIFORNIA			USE OR OTHER IN	ORMANT
NAME AND ADDRES	SS OF FUNERAL DIRECTOR IOR PERSON	an Diego, CA.	CALIFORNIA LICENSE NUMBER	San Dieg			
	TYPE OF PER	MIT, CHECK ONLY ONE C	OF THE FOLLOWING TYPES O	F DISPOSITION			- 4
1 BURIAL IIN	ICLUDES ENTOMBMENT)	5 DISINTERMENT AN	D BURIAL (INCLUDES		ENT AND REIN	TERMENT OF CREE	MATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CI	REMATION, AND BURIAL			ATED REMAINS AN	D
3 CREMATIO CEMETERY 4. SCIENTIFIC		542	REMATION, AND DISPOSITION		CORONER'S	S USE ONLY	3
INTERMENT	NAME AND ADDRESS OF CEMETERY W	WHERE REMAINS OR CREMATE 3751 Herket Str		A. 92192	COUNT	in Diego	1
CREMATION	NAME AND ADDRESS OF CREMATORY OF			61.8	EL TO	RIGE OF CREMATE	PY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY F CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE. OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINA	L PLACE AND COUN	ITY OF DISPOS	SITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REG	CEIVING REMAINS		No.			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dec and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of t respass and nuisance laws	he Health and Safety Code, apply and understand that	SIGNATURE OF A DATE SIGNED	PPLICANT.		- 1
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE \$3.00		SIGNATURE OF L	OLA PEGISTO	AR ISSUING PERM	: 1
CERTIFICATION F PERSON IN CHARGE OF DISPOSITION		16-86 SIGNATE	JRE OF PERSON IN CHARGE OF	DISPOSITION	LICENSE NUN DISPOSER, IF	MBER OF CREMATE	o pervin:
	INDICATE ADDRESS OF REGISTRAR OF	COLINTY OF DEATH					

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

045876 08/07/86 000419 Elec-C	CYPRESS VIEW MORTUARY 100 072 100 072 100 072 60101	77182 00	08/22/86 CK 60072 00072 00072	076514	242.40 105.00 40.00 95.00 2.40	242.40 PA	0.00 AID IN FULL
NUMBER OF INVOICES PAID TOTAL AMOUNT PAID	442.40						2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

7-14-80 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Gaveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees . MT. HOPE CEMETERY Flower vases - Marker setting fee CITY of SAN DIEGO, CALIF Recording and filing fee Paid receipt number s Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed.

Invoice #

E 6031

PY-593 (REV. 8-85)

. OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETARK

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

Nº 33549

From: Joseph Ke	Clean Address	6149 Ske	Dete: DI	1-1	14 93	114
in Cer (Payment	of July	ale Sec	Legue	Hars (#.,		
Lot 150	Grave	Row	Section/	all least	Division Block	12
Invoice No.	MOT VALID FOR	POSE STATED UNLESS STAT	MPED CREDIT 20% Sales Care	87007 77184	79	60
Acct. No.	14	AUDITOR	80% Sales of Lats	100	316	60
W.O. E -1/12/	2	7 mon	Openings & Service Charges	77181	320	00
Unpeid Balance after this Payment	0	1984	Buriel Conteiners	77182	175	00
AND THE REAL PROPERTY.	TELEVISION SUIS RELEASE		Recording fees or miss. service fees		215	00
	On Acct D	1	Sales Tex	60101 9020	10	50
Ck Cash L	INSUED BY	· aant	TOTAL PAID		1115	5



PERMIT FOODISPOSITION OF HUMEN REMAINS

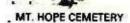




USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T	SELECTATION AND SELECT SERVICE SERVICE	SEX	DATE OF BIRTH	DATE OF DEATH
ur.	LAURA MAK REI		Female	May 8, 1908	July 13, 1986
PEACE OF DEATH-	CITY OF TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIAL NAME AND ADDRESS OF SPOUSE O		Celly - Miscs
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON A		CALIFORNIA LICENSE NUMBER	5149 Skyl: Sen Diego	ine Brive , California 92114
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	OF DISPOSITION	
B 1 BURIAL (IN	CLUDES ENTOMBMENTI	5 DISINTERMENT ANI ENTOMBMENT)	D BURIAL (INCLUDES		AND REINTERMENT OF CREMATED DES INURNMENTI
STATE SASSESSED TO SECURE	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CR	EMATION, AND BURIAL SENT)		OF CREMATED REMAINS AND HER THAN IN A CEMETERY
☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC		7 DISINTERMENT, CR OTHER THAN IN A	EMATION, AND DISPOSITION CEMETERY	FOR COF	IONER'S USE ONLY
INTERMENT	ME. Hope Constant		D REMAINS ARE TO BE INTERI	The second secon	COUNTY Sen Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PERSO	ON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	Line, or other description	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY O	F DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS		- 31	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of the esposs and nuisance laws of	e Health and Safety Code, apply and understand that	SIGNATURE OF APPLIC	ANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	MILL 4 TO 1000		REDGERAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	17/8/ SIGNATU	e of Person in Charge of		NSE NUMBER OF CREMATED REMAINS POSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	1 -		

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



INTERMENT ORDER

City of San Diego

Date 7/15/86

		VP(C)XXXX
You are hereby authorized and instructed, subject	to your rules and regulations, to inte	er the remains
of R M) o)	Il Was 7/1	WIT
Weight/Lines CO 1 11 2	S. Panale	26/ 1200
Church, Chapel, Gravesius		Mortuary.
All Funeral cars must arrive before 3:30 p.m. of re	gular work day or an extra charge v	will be applied
and billed to undersigned. War time veteran 🔟	<u> </u>	
101 19 GOVE 10 BOW -	Section 2_ Division/Bloc	× 11
LOC Glove now	Section Division/ Bloc	- 00
Grave space & Care Fund		000
Additional spaces and care fund		
Opening/Closing & Setup		32000
Burial Container		1000
Handling Fees	****************	145
Flower vases - Marker setting fee	***************************************	
Recording and filing fee		300
역으로 하는데 경우에 가게 하는 것이는 그것이 그렇게 되는 것이 되었다. 발표하는		600
la hute_	Total Due	8970
9014	TO THE SAME TO AN ADDRESS OF THE SAME OF T	
Paid receig		
2-2 1	Balance due	1
I hereby certify I am the	of the above na	
and this is your authority to make disposition of re that I have the right to make this autho(ization and	mains as above indicated. I certify I agreeds hold Mt. Hope Cemetery	and represent
any liability on account of said authorization and	nterment.	100000
I hereby authorize the interment in lot I	100 theirson	14
hold under deed.	Spenie 185 KENUATI	AND
Signature of recorded holder of deed	Address SAN DIFAN (Peld
St lohne	State 7/1/ 40/5 4/6	are Cancada
mussion	Telephone 2 23 - 09/5	- odkie
以及 有限	DUCER	3/1000
Work Order # E 6032	Invoice # 07300	
Work Order # L OUGG	Acct. #	

62359127

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

VICTIM OF CRIME : JORDON, JAMES INCIDENT DATE : 07- 02- 86 DATE ALLOWED : 02- 03- 87

PAID FROM RESTITUTION FUND ** INITIAL AWARD **

CITY OF SAN DIEGO	ACCOUNTS RECEIVABLE PAID INVOICE REPORT BY DEPARTMENT PAID INVOICE OZ/12/87	ATE: 02/12/87 IME: 223603 AGE: 4
DEPARTMENT 052 CITY TREASURER INV INV ACCT NO DATE NO CUSTOMER NAME FUND DEPT ORG	PAYM PD PAYM AMOUNT PAID AMOUNT BILLED PAYM PD PAYM AMOUNT PAID AMOUNT BILLED DATE BY REF NO AMOUNT APPLIED ACCT J/O OPER BN/EQ FACILI AMOUNT APPLIED 856.00 856.00 P	UNPAID BALANCE 0.00 V AID IN FULL
999 045881 08/07/86 018308 ZEBBIE 0. ATKINSON, III 100 072 100 072 100 072 100 072 100 072 100 072 100 072	77181 000072 77182 000072 77183 000072 Mt Hope 180.00 77184 000072 Mt Hope 200.00 9020 77184	

E 6032

PERMIT FOR SITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

ONE BLOCK HIM MORE TO ALLERATIONS ON ENASORES				
NAME OF DECEDENT	SEX Male	Jan. 12, 1919	July 2, 1986	
PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY IOR STATE IF NOT IN CAUSE	Zebbie D. Atki	NAME AND ADDRESS OF SPOUSE OR OTHER INCORMANT	
NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON A	C 6050stPoderal II. CALIFORNIA LICENSE NUM Son Diago, CA 1329	185 Konyatta B San Diego, CA		

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

I BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND BURIAL ENTOMBMENT)	IINCLUDES		MENT AND REINTERMENT OF CR	REMATED
2 CREMATION AND BURIAL (INCLUDES INURNMENT)		6 DISINTERMENT, CREMATION (INCLUDES INURNMENT)	, AND BURIAL	9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETER		25752.2017	CORONER'S USE ONL	H8
INTERMENT	NAME AND ADDRESS OF CEMETERY WH	ERE REMAINS OR CREMATED REMAIN			COUNTY Sen Dieg	je e
CREMATION	NAME AND ADDRESS OF CREMATORY WH	ERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN CHARGE OF CREMA	ATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELIN	KE, OR OTHER DESCRIPTION SUFFICIE	NT TO IDENTIFY FINAL	PLACE AND COL	INTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEI	IVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the personants of the above named deced and I hereby adknowledge that tree this permit gives no right of unrestri	ent under provisions of the Health pass and nuisance laws apply an	and Safety Code, d understand that	SIGNATURE OF DATE SIGNED	APPLICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH IT OF THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED BY	AND IS THE \$3.00	JUL 15 198	SIGNATURE O	CAL STATES LING PER	MA.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE OF PE	RSON IN CHARGE OF-G	ASPOSITION	LICENSE NUMBER OF CREMA DISPOSER, IF APPLICABLE	NTED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF C	OUNTY OF DEATH				

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/15/86

na Bell Line	Funeral, date,	time West - 11	Am - 1/14
Church, Chapel, Graveside	roff.	Rain Pal	Mortuary
All Funeral cars must arrive before 3	-/	ork day or an extra c	harge will be applied
and billed to undersigned. War time	veteran		777.00
Lot 10 6 Grave Roy	w Section	n <u>2</u> Divisio	on/Block
Grave space & Care Fund			250 4
Additional spaces and care fund	***************************************		
Opening/Closing & Setup	DA LI	5	340 %
Burial Container	PAH	少 」	100 %
Handling Fees	AUG 7		14500
Flower vases - Marker setting fee			= _
Recording and filing fee	T. NOPE CEMET		3.500
Sales taxes	I di marini di m		
		Total Due	856 -
	Paid receipt numb	_{er} <u>33552 -</u>	100
8-1-86	a 2 -		ce due 757 9
0 1 0 0	attend =	33629	7.56° nove named deceder
hereby certify I am the and this is your authority to make distinct I have the right to make this auth	position of remains	as above indicated. I	certify and represen
any liability on account of said autho			
Laurence and a second and the second	62	2 as	n
hereby authorize the interment in k hold under deed.	Supply	12 C 18	900
	_ 550	ioenia A	8504
Signature of recorded holder of deed	52000	02-9.29 25	Zip Cer
Signature of recorded holder of deed	() (Jak - 4.64 23	
lignature of recorded holder of deed	Telepho		92
lignature of recorded holder of deed		ONA .	1740

E 10033

PERMIT FOR POSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	MANUE JEER COUL	MACH	SEX Male	DATE OF BIRTH Aug. 16, 1937	July 12,1986
PLACE OF DEATH—CITY OR TOWN PLACE OF DEATH—COU			TATE IF NOT IN CALIFORNIA		SPOUSE OR OTHER INFORMANT
	S OF FUNERAL DIRECTOR ION 1007 4	me a deal made	ORNIA LICENSE NUMBER	9601 Mo.41st	Avenue ione 85051
	TYPE OF PER/	WIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION	
B 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BURIL	AL IINCLUDES	8. DISINTERMENT AND REMAINS IINCLUDE:	D REINTERMENT OF CREMATED S INURNMENT)
2 CREMATION	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CREMATIC	IN. AND BURIAL	9 DISINTERMENT OF I	CREMATED REMAINS AND R THAN IN A CEMETERY
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	THERE REMAINS OR CREMATED REM		b. 92102	OUNTY See Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFFIC	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the Hea espass and nuisance laws apply (th and Safety Code, and understand that	SIGNATURE OF APPLICAN DATE SIGNED	ir.
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	JUL 15 198	SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE OF	PERSON IN CHIRGO OF		E NUMBER OF CREMATED REMAIN. SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		

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

E1033 OFFICIAL RECEIPT CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33629 MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Care 87007 77184 Invoice No. "PAID" BY THE 80% Sales 77184 Acct. No. of Lots 77181 Unpaid Salance 77182 after this Payment Recording fees or misd: service fees At Need Pre-Need On Acct 80101 9020 Sales Tex TOTAL PAID AC-212 (Nev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
Date 7/15/86

of	ral, date, time
Church, Chapel, Graveside	Mortuary
All Funeral cars must arrive before 3:30 p.m. of r	regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
Lot 148 Grave Row	_ Section Division/Bleek _/O
Lot 77.6 Grave Row	Section Division/Bleak
Grave space & Care Fund 10 10 48	of April Tue - 50=
Additional spaces and care fund	now
Opening/Closing & Setup	——————————————————————————————————————
Burial Container	Charge
Handling Fees	
Flower vases - Marker setting fee	art to
وردRecording and filing fee	septer
Sales taxes	· · · · · · · · · · · · · · · · · · ·
	Total Due 50 2
Paid rece	eipt number 33.04 50°C
0	A Balance due
ν.	9
I hereby certify I am the	of the above named deceden
that I have the right to make this authorization an any liability on account of said authorization and	remains as above indicated. I certify and represented lagree to hold Mt. Hope Cemetery harmless from
	De Marke
I hereby authorize the interment in lot I hold under deed.	Signature, Signature,
Hold dilder desd.	126 S. Royal Volt Dr.
Signature of recorded holder of deed	Sun Vicas Calt. 92114
	470 £ 80 19 V
	8070000
E 0004	Invoice #
Work Order # E 6034	Acct.#

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY MINE AUDITOR GOLDENROO RETARY From: ADMINISTRATION OF COMMENTARY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 7/1	33554 5 1086 72102
In Sull Payment of Case	h Space - 48X	40 - Dollars (#.	5000 Division 10
Pre-Need At Need On Acct	NOT VALID FOR OPERSE STATED UNLESS STAMPED PAID IN THE SPACE OF THE STAMPED PAID IN THE SPACE OF THE STAMPED PAID IN THE SPACE OF THE S	CREENT STAR CONT 77184 80% Sales Core 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Burlet 100 Containers 77182 Recording feas or 100 mice, service fees 77183 Sales Tax 80101 Sales Tax 8020	1000
Ck Cosh C	1884 BOWLET	TOTAL PAID	50 00

	4	12.656			~
	O I MT H	OPE CEMETER			()
,		MENT OR	/	fas	sex
1	1. 10	CONTRACTOR OF THE OWNER.	7		
U	www. Occe a	of San Diego	2.)	11/-	121
0	V Vm	211.	Date	1/15	187
	Munaces		ullos		
	You are hereby authorized and instructed, su	bjegt to four rule	es and regula	tions, to inte	r the remains
	of The state of	01000	7/21/	Man !	FPW
	Veutr/Liner O/ A	uneral, date, tin	ne 25	0 6	1.77
	Church, Chapel, Graveside	auxe :	1X nage	der.	Mortuary.
	All Funeral cars must arrive before 3:30 p.m	af regular work	k day or an ex	tra charge w	vill be applied
	and billed to undersigned. War time veteran	(11 (1			
V	Lot 148 Grave - Row -	Section -	D	vision/ Bloc	10
	0 4		E-603		Ø0
	Grave space & Care Fund		1-90		Ja
	Additional spaces and care fund				non
	Opening/Closing & Setup	1. W.T.			105 2
	Burial Container	Vanill	*******		70-
	Handling Fees				60-
	Flower vases - Marker setting fee				7/00
	Recording and filing fee				03 -
	Sales taxes	***********			2.40
	Sur Sur	10	Total Due	^و رد.	242.40
	Paid I	receipt number	335	51	242.40
	_ Cour	Λ	8	alance due	0_
	File	d	000		
	I hereby certify I am the and this is your authority to make disposition	of remains as	above indicat	ed. I certify	med decedent and represent
	that I have the right to make this authorization any liability on account of said authorization	n and lagree to and interment	nold Mt. Hope	Cemetery	nermiess from
		XXI	remond	1/40	Sun
	I hereby authorize the interment in lot I hold under deed.	Signature	S Par	VOL	T.
		Addings	O. Nor	Co	82114
	Signeture of recorded holder of deed	State	70-80	10	Zip Code
		Telephorie	10.00	17	
		Invoice	#		
	Work Order # E 6035	Acct. #			
	PY-803 (REV. 8-88)	moot. II	631		

OFFICIAL RECEIPT	Trust	E 6035
WHITE TO CUSTOMER CANARY CEMETERY PARK AUDITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 284-3151	Nº 33555
R-lu (+	Durion 5050 Fo	Dete: 7/15/96 19
From Company	III AND A	Pollers (#242 40)
In Payment of Parly	me Ridmin - B	evenued trust
Lot Grave Grave		ection Division / O Block CREDIT 57007 20% Sales Cars 77184
Acct. No	JUL AUDITO GOL	80% Seles 700 00 Lots 77184
Unpaid Balence after this Payment	NOT VIDEOR PURPOSE STATED UNLESS STAMPED PAID WESS STAMPED AUDITOR 1986	Openings & 77181 105 00 Service Charges 77181 105 00 Buriel 77182 40 00
Pre-Need At Need On Acct O	D. 10-001	Placording less or 77183 95 00 miles, service less 77183 95 00 Saline Tax 8020 2 40
AC-212 (Nov. 8-85)	ISSUED BY COMMENTED IN	TOTAL PAID . A YA YO

SARABITION OF STREET ST SOLUTION OF THE STATE OF THE ST A TO SO THE STATE OF THE STATE STATE OF STA SOR CHAIN SORREST SERVICE OF THE STREET BOOK STATE OF THE STREET SERVICE STATE OF THE 342 to

.... E4035

PERMIT FOR POSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT NUCESARIL BATHE RA	WILTON	SEX Hale	Sopt. 15, 1948 POSES DEATH		
PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY ION				
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PER	SOTTederal Blvd. CA Ex Diego, CA 92102	LIFORNIA LICENSE NUMBFA	3992 Ocean View Boulevard San Biego, CA 92113		

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

	THE CONTENT		OHE OHE OF THE	OLLOWING TITLE OF	Diarcomore		
1. BURIAL (INCLUDES ENTOMBMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) - 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		5 DISINTERMENT AND BURIAL RINCLUDES ENTOMBMENT) 6 DISINTERMENT, CREMATION, AND SURIAL RINCLUDES INURNMENT! 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS INCLUDES INCRIMMENT)			
				N, AND SURIAL	9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
				FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			
INTERMENT	NAME AND ADDRESS OF CEMETERY WH					Sen Diego	
CREMATION	Toronto Como o con con	L. CA 9	MAS TO BOREMATED	DATE REMATED	SIGNATURE OF	RECOMPRESE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELIN		R DESCRIPTION SUFFIC	IENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE		NS .				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not awned by me.		SIGNATURE OF APPLICANT DATE SIGNED				
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	AMOUNT OF FEE PAID	JUL 1 7 1986	SIGNATURE OF L	OCAL REGISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		H BATE	- P	ERSON IN CHARGE OF C	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER EDUNTY	INDICATE ADDRESS OF REGISTRAR OF C	OUNTY OF D			· · · · · · · · · · · · · · · · · · ·		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT HOPE CEMETERY

INTERMENT ORDER

Purved

City of San Diego

Date 7/16/86

You are hereby authorized and instructed.	ject to your rules and regulations, to inter the remains
of Evelyn I	ulov
in a	Peral, date, time Trank Mortuary.
All Funeral cars must arrive before 3:30 p.m. o and billed to undersigned. War time veteran	of regular work day or an extra charge will be applied
Grave Row	Section 9 Division/Black 7
Grave space & Care Fund	4444
Opening/Closing & Setup	
Handling Fees	7 1001
Flower vases - Market Sating the	7 Auchira
Recording and filing fee	
Sales taxes	
MT. HOPE CEMETER	Total Due
mil	Balance due -
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	xtulyn Gordon
Signature of recorded holder of deed	Jan Drugo a 92113
	Telephone
Work Order # E 6036	Acct. #
#11287	

SHERWIENERS		E 0000			
OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PHIK AUDITOR GOLDENROO RETAIN	MOUNT HOPE CEMETERYO	00531 Nº	33557	0	
From: Evely Kord	entran 316 ala	Date: Dollars (6	7243	20	
In Greek Payment of Pa	-/- Box 7 S	Sun + Co	Division Black	7	
Acct. No	MOT VALID FOR PURCH STATED LINLESS STAMPED PAID IN THIS SPACE. AUDITOR	CREDIT 67007 20% Sales Cers 77184 _ 80% Sales 100 of Lats 77184 _ Openings & 100 Service Charges 77181	396	00	
Pre-Need At Need On Acct		Surial 100 Containers 77182 Recording fees or 100 miss. service fees 77183			
Ck Cash 🕱	MANUED BY SCOYEN Stille	Sales Tex 6020 _	495	01	



INTERMENT ORDER

City of San Diego 116/86 subject to your rules and regulations, to inter the remains 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 Additional spaces and care fund Opening/Closing & Setup vases - Marker setting fee I. HOPE CEMETERY Paid receipt number Balance due hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this outhorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zio Cod

E 6037 Work Order # PY-693 (REV. 8-66)

Invoice # Acct. #

E 6037 OFFICIAL RECEIPT PROPERTY DEPARTMENT WHITE TO CUSTOMER 33558 MOUNT HOPE CEMETERY 264-3161 Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No. SOM States of Lots Acct. No Unpaid Balance after this Paymen On Acct 90101 Sales Tox TOTAL PAID AC-212 (Nov. 8-85) 63033-9022

INTERMENT ORDER

City of San Diego

Date 7/17/86

P-001 -	eael H		7/18-	- Fri - 20	94
Church, Chapel, Graveside	Thavesi	neral, date, time	Rogal	ale Mor	tuary
All Funeral cars must arrive b	efore 3:30 p.m.	of regular work	day or an extra	charge will be ap	plied
and billed to undersigned. Wa	ar time veteran				
Lot 20 Grave 6	Row	Section	2 Divisi	on/Block	
Grave space & Care Fund	***********			as	60
Additional spaces and care fu	ınd				
Opening/Closing & Setup				<u> </u>	2 3
Burial Container				_/0	0
Handling Fees				14	3
Flower vases - Marker setting	fee			<u> </u>	
Recording and filing fee	******	**********		<u>3</u>	5
Sales taxes		***********			6.
naturanta -1	1	To	tal Due	851	. 4
Buing che	8 9 Paid re	ceipt number _	33562	_ 850	0
7	906			ce due-O	-
Sees 1970 Memors We	5 22				
I hereby certify I am the and this is your authority to m that I have the right to make th any liability on account of said	nis authorization	and lagree to he	ove indicated.	bove named dec I certify and repr metery harmless	eser
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHINE HE				
I hereby authorize the interme hold under deed.	ent in lot I	fe) 112	1 46m.	st.	
		Addom	DIPM	92102	
Signature of recorded holder of deed	mai	ether) sum	7		Zig Cod
Signature of recorded holder of deed	(mai	Z(har) Sunn Talaphona	7		Zig Car
Signature of recorded holder of deed	(Mai	EThe) Swin Telephone Invoice #	335		Zię Cax

E 4038

RICHARD D. HUFFMAN Assistant District Attorney

RICHARD J. NEELY
Chief Deputy District Attorney

THE DISTRICT ATTORNEY

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

WAYNE A. BURGESS Chief Investigator

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

FUNERAL/	BURIAL	VERIFI	CATION
----------	--------	--------	--------

DATE: July 29, 1986

PROVIDER:

Mt. Hope Cemetery

Deceased Victim: Jose Israel Avila

Date of Death:

7-14-86

Our Claimant:

Martha G. Avila

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,

Enc.

1
Landra asylli Olivae
SANDRA AGUIRRE-OLIVAS, Inv. Spec.

(619) 236-7648

GOVERNMENT CODE SECTION 13962(b) states in part". . . All pertinent information deemed by the Victim Center shall be returned to the Victim Center within 10 business days. . ."

Funeral Costs	Burial Costs 8 856.00	Headstone Costs	Name & Add	dress of Insura
Soc. Sec. Benefit	Veterans Benefits	Insurance		
Other Payments	From Whom?	. .	Phone	Policy No.

Paid by Claimant Balance Owing ()
Name of Policyholder

\$ -0
Lot | Further payments expected? YES X NO

Further payments expected? YES X NO SIGNED B

X single double \$ From Whom?

Who is legally responsible for the bill?

admin aide I

Comments

264-3151

08/04/86

PHONE NUMBER

ZIF COOL

619)

STATE

236-7645

STATE BOARD OF CONTROL STATE OF CALIFORNIA

THE	MAT	TER	OF:
-----	-----	-----	-----

22.5%

CTIM: JOSE TSCAEL AVILA DOCIONI: MARTENA. G. AVILA

Pursuant to Section 13959 et seg., California Government Code - Aid to Victims of Crime.

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, fospital/medical benefits, including diagnosis, prognosis, or evaluations.

I further authorize the examination of all Federal and State tax data, and other information concurring the financial status of the victim, his/her family or dependents, including all governmental or private benefits received, and valve 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 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.

San Diego,

I DECLARE THAT HE RETPROJECTION IS HAVE BEEN HOLD THAT HAVE HET BEEN STATED ON THIS APPLICATION.	
I UNDERSTAND THAT I HUST REPAY ANY PART OF MY ENERGENCY AVARD NOT COVERED BY THE FINAL AVARD I HAY	
RECEIVE FROM THE BOARD OF CONTROL. IF I AM DENIED AN ANARO BY THE BOARD I WILL REPAY THE FULL	
AHOUNT OF MY EMERGENCY AWARD.	
I DECLARE UNDER PENALTY OF PERJURY THAT THE FORECOING INFORNATION IS TRUE AND CORRECT.	5
TO AT SOM DIP IN CALIFORNIA, THIS 24 DAY OF JULIA 19 80	
LIGHT'S STOWNING TO BY A LICH ADDRESS 35-410 THEET TO CAN GOLD	ス
THE SECURITY MUMBER DATE OF BIRTH MEDICAL OR MEDICARE NUMBER THOSE WHERE TO NOT THE PROPERTY OF THE PROPERTY O	-

ENTER MANE, ADDRESS, MR. TELEPHONE NUMBER OF CLAIMANT'S REPRESENTATIVE IF OTHER THAN APPLICANT

NAME OF FIRM OR ORGANIZATION

CITY

92112

Victim Witness Assistance

AUTHORIZATION AND ASSIGNMENT OF BENEFITS

AUTHORIZATION & ASSIGNMENT TO PAY BENEFITS TO PROVIDERS OF SERVICE: (OPTIONAL)

I hereby authorize and assign payment directly to any modical and/or funeral/burial provider
of services described within this claim, should reinbursement or payment of those survices
be approved by the Board of Control.

The execution of the assignment of benefits does not guarantee payment by the Board of Control to the applicant or the provider of services.

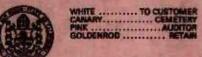
24, 1984

Sandra Aguirre-Olivas

P.O. Box X-1011

Applicant Signature

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-2151

SEONS ELOSE

Nº 33562

From: MARTINA AVILA Eight Hundred Fifth In File C Payment of	Jose Isenel Avila	St. Son Diego	856.00)
Lot 20 Grave_	6 ROW	Section 2	Division //
Acct. No.	NOT VALID FOR PURPOSE STATED URLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 _ 80% Sales 100 of Lots 77184 _	200 00
W.O. E 6038 Unpaid Balance after this Payment None	JIII 19400	Openings & 100 Service Charges 77181 Suriel Containers 77182	320 60
Pre-Need At Need On Acct	JUL 28 1986	Recording feet or 100 mast service feet 77183	11000
Ck Cash C	sour Legenttelle	Selector 8000 _ TOTAL PAID	856 50

E6038

. PERMIT FOR E





.

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	σ	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEX	DATE OF BIRTH	DATE OF DEATH Found
Jose Isreal Avila			Male	Sept.3, 1953	July 14, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY	IOR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT
Bonita San Di		San Die			ila - Wife
NAME AND ADDRES	SS OF FUNERAL DIRECTOR (OR PERSON AC		CALIFORNIA LICENSE NUMBER	1121 46th	
Au	derson-Ragadale Mortu	ary	1329	San Diego	, California 92102
	TYPE OF PERA	AIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES OF	F DISPOSITION	
I BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	B DISINTERMENT AND REMAINS IINCLUDE:	REINTERMENT OF CREMATED
AMERICAN SAMERANS	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CRE		9 DISINTERMENT OF I	CREMATED REMAINS AND R THAN IN A CEMETERY
3 CREMATIO CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATION, AND DISPOSITION		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY WI	3751 Market Str	et; Sen Piego,	California	San Diego IN CHARGE OF CREMATORY
BURRAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	NE, OR OTHER DESCRIPTION :	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF D	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest	dent under provisions of the espass and nuisance laws a	Health and Safety Code, pply and understand that	SIGNATURE OF APPLICAN DATE SIGNED	nr.
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND AS THE	PAID JUL 17 1986	SIGNA DE LO ALFRE	PERMIT PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NEW	TER DATE	THE PERSONAL PROPERTY OF I	DISPOSITION LICENS DISPOS	E NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0-4		

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

INTERMENT ORDER

City of San Diego

Date 7/17/86

		11. 6 00	
You are hereby authorized and instr		ules and regulations, to	inter the remains
of Jose Israe	L HVILA		
ina Ball Line	Funeral, date, t	ime 7/18-/	ni-2014
Church, Chapel, Graveside	aveside	Kasslel	Mortuary.
comment a series of Grandware measurement than their			and a second and a
All Funeral cars must arrive before	THE RESERVE OF THE PARTY OF THE	ork day or an extra chai	rge will be applied
and billed to undersigned. War time	e veteran		
Lot 20 Grave 6 R	ow Section	2 Division/	Block//_
Grave space & Care Fund			250°
Additional spaces and care fund			
Opening/Closing & Setup			320 2
Burial Container		*********	1000
Handling Fees	*******	************	1450
Flower vases - Marker setting fee			•
Recording and filing fee			7 100
			/ 0.
water -1	1	Total Due	01-1 00
Marche 7/10/	d		900
1/8/	Paid receipt numbe		_ 026_
, ,		Balance	due O
I hereby certify I am the		of the show	e named decedent
and this is your authority to make d that I have the right to make this aut any liability on account of said auth	horization and lagree t	s above indicated. I ca to hold Mt. Hope Cemet	rtify and represent
I hereby authorize the interment in hold under deed.	lot I	21 46m St	
	(MITE) Address	S 200	1063
Signature of recorded helder of deed	(MARTHO) STATE	N DIEGO, 9	2/02 Zip Code
	Telephor	10	
		3356	2
West Date: # E 6038	Invoic	ce#	×
Work Order # E 0030	Acct.	*	_



from

MT. HOPE CEMETERY

3751 Merket Street Sen Diego, CA 92102 264-3151

Feb. 2, 1987

Martha Avila 1121 - 46th St. San Diego, CA 92102

Dear Mrs. Avila:

The State of California has sent a check for the Victims of Crime Program. Since your account at Mt. Hope Cemetery has been paid in full, if you would come to the office, we will endorse this check for you.

Thank you for your attention in this matter.

Sincerely,

Barbara Lang



CALIFORNIA

WARRANT NUMBER 62288812

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NAME

214 RESTITUTION FUND

8700 01 28 87

TO

FUND NO.

MT. HOPE CEMETERY ON BEHALF DF,0106742 MARTHA AVILA

3751 MARKET STREET SAN DIEGO CA 92102-4527 \$*****684.11

DOLLARS

::121113423: 622888128#

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

62288812

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

VICTIM OF CRIME : AVILA, JOSE INCIDENT DATE : 07- 14- 86

Secenil from M. Hope and Scarp Steller the chuk # 62 288812 on Feb. 5- 1987. Martha S. 1987.

The endorsement of the payee hereon will acknowledge receipt in full payment for the items stated on the face hereof or on the enclosed advice. **ENDORSEMENT INSTRUCTIONS**

This warrant must be endorsed by payee exactly as drawn and when made payable to more than one payee, each payee must endorse.

Paytotheorew of Martha St. avila Mt. Hope Cemetury

MOUNT HOPE CEMETERY 3751 MARTIN L. KING WAY (FORMERLY MARKET STREET) SAN DIEGO, CA 92102

INTERMENT ORDER You are hereby authorized and astructed, subject to your rules and regulations, to inter the ramains 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 . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee . MT. HOPE CEMETERY Recording and filing fee Sales taxes 7-18-86 Balance due 7-23-86 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. grature of recorded holder of dood Invoice #

PY-583 (REV. 8-85

Work Order #

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-2151 00039 E0039

Nº 33561

From Maid & Jelle One Allender & Comment of Elle	and a for	Dollars Dollars	1 1/2 -	92
Lot 620 Grave	Row Si	ection/	Division Block	8
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TASD IN THIS SPACE.	CREDIT 67007 20% Salan Care 7718	The second second	1
Acct. No. E -6137	JUL 28 JUST	SON Sales 100 of Lots 77184 Openings & 100 Service Charges 77181		0
Unpeid Belance after this Payment	1000	Surial 10% Contoiners 7718	The second lives and the second	
Pre-Need At Need D On Acct D		Recording fees or 100 misc. service fees 771 60		-
Ck Cash D	MANUED BY R. Jan	Salos Tex SCOR	100	1

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

GOLDENROO	RETAIN	284-3151		01.29	5000
From: Wareld	H. Brack	1191	PHYSOLES -	O'I K	11010
Throchu	ndied me	netyler	met nopor	_ Dollare (+3	9509,2184
in full Pay	ment of Phone	edillat			
10x 1080	Grave	A Row	Section	1 24	Darision /
Invoice No.	The second second	17/5		Care 57007	199 00
Acct. No		JUL 2001TOR	7 SON Select	V-STR	291
W.O. Unpaid Salance ofter this Payment	0	JUL 28 1985 AV	Openings Service Ci Burial Cornadour	ALL STATE OF THE PARTY OF THE P	
	16 (20)		Recording	0 000	107
Pre-Need At Need C		A Tan	Sales Tex	80101	DATE OF
AC-212 (Nov. 8-86) 7/9	ISSUED I	w Dinang	TOTAL PAID	10 P. C. C.	195 00

INTERMENT ORDER

City of San Diego

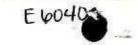
Date 7/21/86

S CONTROL OF THE PROPERTY OF THE PARTY OF TH	
You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
in a Touble Crypta	Funeral, date, time 10 Am 7/22 Tue
Church, Chapel, Graveside	ile , Featherfull Mortuary
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vetera	in :
ot 174 Grave 1 Row -	Section 2 Division/Block /2
Grave space & Care Fund Qu. V	ned D-6627
Additional spaces and care fund	
Opening/Closing & Setup	32000
Burial Container & Auble C	24/1 330°
Handling Fees	3200
Flower vases - Marker setting fee	$\Delta I \mathcal{O}_{I} = \emptyset$
Recording and filing fee	UL 2.2 1986 3500
Sales taxes	19.8
CETY -1	SAN DIEGO, CAMPIGLE /024.8
000	d receipt number 33566 /0448
The second second	Balance due
18 1 11 11 11 11 11 11	N1 N
	of the above named decedent on of remains as above indicated. I certify and represent
any liability on account of said authorization	ion and lagree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of doed	Same Zip Code
	Telephone
F 00.40	Invoice #
Work Order # E 6040	Acct. #

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY E 6040

WHITE TO CUSTOMER CANADAY. CEMETERY PRINT AUDITOR GOLDENROO METAN	MOUNT HOPE CEMETERY 264-3161	Nº 33566
From: Kathrens Mont	typesty fore and the	Date: 120 19641 100 - Dollare (* 1129 10)
In Cal C Payment of Lot 174 Grave	MACTINE SMILET TO	ection Division /
Invoice No. Acct. No. W.O. E -6040	MOT VALID FOR WINTON STATED UNLESS STAMPED	CREDIT 5705 Sales Core 77184 80% Sales Core 100 of Lots 77184 Openings & 100 Sanios Charges 77181
Unpaid Balance after this Payment Pre-Need P At Need On Acct	- 100	Burlat 77182 330 80101 19 80101
Ck Cesh C	MISURD BY 3. TALLIG	TOTAL PAID # 1634 80

PERMIT FOR POSITION OF HEAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	M		C.188 = (0=1107)	SEX	DATE OF BIRTH		DATE OF DEATH
WALTER ROB	ERT MONTGOMERY			Male	Nov. 1,	1900	July 19, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH	-COUNTY (OR	STATE IF NOT IN CALIFORNIA			POUSE OR OTHER INFORMANT
La Masa		San Di	ego				ontgomery, wife
NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH) FEATHERINGILL MORTUARY			CA	LIFORNIA LICENSE NUMBER 1083	4323 Parks Ave., Apt. 10 La Mesa, Ga.		
	TYPE OF PER	MIT, CHECK ONLY	Y ONE OF TH	E FOLLOWING TYPES O	F DISPOSITION		
M 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTER	RMENT AND BU	RIAL (INCLUDES	8 DISINTERM	ENT AND R	EINTERMENT OF CREMATED NURNMENTI
	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTER	RMENT, CREMATES INURNMENT	TION, AND BURIAL			EMATED REMAINS AND HAN IN A CEMETERY
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			
INTERMENT	NAME AND ADDRESS OF CEMETERY W		ANALYSIS STORY TO THE STORY	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	ED	1,000,000	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE	TO BE CREMAT	ED DATE CREMATED	SIGNATURE OF I	PERSON IN	CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DE	SCRIPTION SUFI	FICIENT TO IDENTIFY FINAL	PLACE AND COUR	ITY OF DIS	POSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT	This is to certify that I am the pe remains of the above named dece				SIGNATURE OF A	PPLICANT	
OF APPLICANT	and I hereby acknowledge that to this permit gives no right of unrest				DATE SIGNED		
LOGAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	SUNT OF FEE PAIR	IJL 2 2 1986	SIGNATURE OF	CLA	TRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUNE DISPOSITION WAS MADE ON	2 2 1986 HER DATE	SIGNATURE O	F PERSON IN CHARGE OF	DISPOSITION		NUMBER OF CREMATED REMAINS , IF APPLICABLE
IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	t			n	

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

	MIL HOPE CEMETER!	
) IN	TERMENT ORDE	R
1 1 1	City of San Diego	7-030 -8 11 - 141
reneed lot	*	7-21-86
for crema	ins	Date 1-4-16
gar cena		10 = -01
You are hereby authorized and instru	cted, subject to your rules a	ind regulations, to inter the remai
of alfred e.Ca	erd + Ma	ngery L.
in a	Funeral, date, time _	
Veult/Liner Church, Chapel, Graveside		Mortus
All Funeral cars must arrive before 3		y or an extra charge will be appli
and billed to undersigned. War time	veteran	
Lot 4510 Grave Roy	00_EUS0800 IV	10
Lot 1010 Grave Rov	v Section	Division/ Block
Group chang & Care Cand		595
Grave space & Care Fund	100 952 908 (0.00 905 9 55 2 5 4 8 5 5 5 5	
Additional spaces and care fund	Territor 10 Will	
Opening/Closing & Setup	PAIL	J
Burial Container		
Handling Fees	July 21 19	84
Flower vases - Marker setting fee	1	overporent for a service construction (1894) (in - 1894)
THE RESIDENCE OF THE PROPERTY OF THE	MI. HUPE CENTER	ERY
Recording and filing fee	CITY of SAN DEGU,C	ALIF.
Sales taxes		
2	Tota	Due 93
21-86	Paid receipt number	3363 595
17 75 1 1 5 5 2 5 5	53. E. S.	Balance due -0
		Doluttoe das
I hereby certify I am the		of the above named deced
and this is your authority to make dis that I have the right to make this autho	position of remains as above	ve indicated. I certify and repres
any liability on account of said autho	rization and interment.	a manage content of naminoss in
	1.1	1=1-1
I hereby authorize the interment in lo hold under deed.	ot I Significant	a Cara
The street seems	54712	wereve, #4
Signature of recorded holder of deed	- Thula	Vista Ca. 920
	420	5-10913
	Teleghola	Co-section waters
E 6044	invoice # _	
Work Order # E 6041	Acct. #	
#11288		
# 11288		

OFFICIAL RECEIPT

	WHITE TO CUSTOMER CAMARY CEMETERY PRIK AUGITOR GOLDENROD RETAIN
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181 E4041

Nº 33563

In Call Payment of Free	next lot say in	of March	Wa Vieta Go
Lot 4510 Grave_		ection	Division 10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THE SPACE.	THE RESERVE OF THE PARTY OF THE	1184 //9 00
W.O. E - 6041	CITY AUDIO	7 Openings &	100 476 00
Unpaid Balance after this Payment	101 2 7407	Buriel	100
Pre-Need At Need On Acct	8 1986	misc. confee fees 77	100
Ck Ceah	3. Kans	Seles Tax 90	700 m
AC-212 (Rev. 8-85)	ISSUED BY O TOTAL	TOTAL PAID	0 5/2 10

(325		
		9
MT. HO	OPE CEMETERY	
Will alanh INTERN	MENT ORDER	
Aring Crecit	of San Diego	
a intermently 12.	7-21-8	6
Topaler free	Date / Out	
You are hereby authorized and instructed, suit	eject toyour rules and regulations, to inter the	remains
of deroshe	Kariya 2	:30
ina TS Vauet Fu	ineral, date, time Thurs 124	186
Church, Chapel, Graveside	. O. b.	Mortuary
All Funeral cars must arrive before 3:30 p.m.	LA	400
and billed to undersigned. War time veteran		
111111		10
Lot 407 / Grave Row	Section Division/Block	10
	Hom	2000
Grave space & Care Fund		GEFO
Additional spaces and care fund	<u> </u>	710
Opening/Closing & Serial		150
Buriel Container	//-/-/-/-/-/-/-/-/-/-/-/-/-/-/-/-	200
Handling Fees		0 -
Flower vases - Marker setting fee		7-10
Recording and find HOPE CEMETE		25
Sales taxes CITY of EAST DESIGN, GA	<u>/</u>	0.50
Sam 0441 707 & Tempere	Total Due	10,5
Sorre 1049 17 Paid re	eceipt number 33 573 7	10.50
10 26 707 @ 1emple.	920900/2 Balance due _	0
213 xoslengeles to	73070012	
I hereby certify I am the and this is your authority to make disposition	of the above named	
that I have the right to make this authorization	and lagree to hold Mt. Hope Cemetery harm	less from
any liability on account of said authorization		1
I hereby authorize the interment in lot I	x Hide Kari	ya
hold under deed.	Signature	
Signature of recorded holder of deed	Address	
	54H 742-3477	Z)p Coo
	Telephone	
Work Order # E 6042	Invoice #	
Work Order # 0U42	Acct. #	

OFFICIAL RECEIPT

	William .	Discount
200	CANAITY	
计量性	GOLDENADO	
と記憶を	OCCUPATION .	
		1

CITY OF SAN DIEGO, GALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

GOLDENROD RETAIN	204-3161	~/	
	00 1	Date: 1/23	, 19
From: Hede Hareya	Address (TO Box 43	3 - (tacha Wil	Wes 92061
Seven he would ten	/ and you	Dollára (\$	710.00
In Scall Payment of An	Termother Val Hero	shi tarula -	Der
III Payment or 3	100		
Lot 4647 Grave_	~ 11 Row ~	Section ~	Division /O
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREOT STORY	484
Acct. No.	C/D	, 80% Salas , 1000	1.634
wo_ E-6042	11. AUN 1986 .	Geninge & 100	320 00
Unpaid Balance after this Payment	JUL 38 100 1986 3	Surial 160	1750
	7900	Recording less or 100	10000
Pre-Need . At Need . On Acct .	00	miet. service fees 77963 4	TO A DE
Ck Cash	Of 10400	Sales Tex 9030	1800
AC-212 (Rev. 8-86) 1406	ISSUED BY	TOTAL PAID	71050



PERMIT FOR ISPOSITION OF HUMAN REMAINS



	3	USE BLACK INK-MAKE NO	ALIERATIONS OR ERASU	KES	
NAME OF DECEDEN	hi Kariya		SEX Male	5-5-1889	7-21-1986
warming a country of the factor of the facto		PLACE OF DEATH—COUNTY LOS Angeles	IOR STATE IF NOT IN CALIFORNIA	NAME AND ADDRESS OF	SPOUSE OB OTHER INFORMANT
		CTING AS SUCHI	T-1854-808		y, CA 92061
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	OF DISPOSITION	9
1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	8 DISINTERMENT AN	D REINTERMENT OF CREMATED ES INURNMENT)
	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CRE-	MATION, AND BURIAL		CREMATED REMAINS AND ER THAN IN A CEMETERY
3 CREMATIO CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CRE OTHER THAN IN A C	MATION, AND DISPOSITION EMETERY	FOR CORC	DNER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY V	WHERE REMAINS OR CREMATED		RED	San diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	WHERE REMAINS ARE TO BE CREE	MATED DATE CREMATED	SIGNATURE OF PERSON	I IN CHARGE OF CREMATORY
RURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	INE, OR OTHER DESCRIPTION S	UFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unres	dent under provisions of the espass and nuisance laws a	Health and Safety Code, pply and understand that	<u> </u>	K/A
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE \$3.00	JUL 2 2 198		REGISTRAN ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED 1/2	4/86 SIGNATUS	COME W CHANGE OF	SPOSITION LICEN DISPO	SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	merca St., Los	Angeles, CA 90	012

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

INTERMENT ORDER

City of San Diego

Date 7-22-86

n B Liner Fune	ral, date, time 12 7/25	- 3100
Church, Chapel, Graveside	Cypress	Mortuary.
III Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charg	e will be applied
billed to undersigned. War time veteran		20
ot 2/ Grave 5 Row	Section 4 Division/B	lack 6
W		2
irave space & Care Fund		reneva
Additional spaces and care fund		
pening/Closing & Setup		320
Burial Container		10000
landling Fees	***************	1450
lower vases - Marker setting fee	*************	
Recording and filing fee		3500
iales taxes		600
Wed ley	Total Due	6060
-11	ipt number	
nikova (epress 1/10	co Balance du	16
and offer the		
hereby certify I am the	of the above	named decedent
hereby certify I am the	remains as above indicated. I certi	fy and represent
hereby certify I am the	remains as above indicated. I certi nd I agree to hold Mt. Hope Cemeter	fy and represent
hereby certify I am the	remains as above indicated. I certi nd I agree to hold Mt. Hope Cemeter	fy and represent
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hereby certify I am the	remains as above indicated. I certi nd I agree to hold Mt. Hope Cemeter	fy and represent y harmless from Linch
hereby certify I am the	remains as above indicated. I certified lagree to hold Mt. Hope Cemeter d interment. State Signature Address D Steams Control of the phone	fy and represent y harmless from Linch
hereby certify I am the	remains as above indicated. I certified lagree to hold Mt. Hope Cemeter d interment. Superior Superior Superior Control Con	fy and represent y harmless from Linch

PERMIT FOR POSITION OF HEAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T AKA Nine Anina NM	i Hedsen	SEX Female	Jan. 29,	1899	July 22, 1986
PLACE OF DEATH-	5787 1956 1964 1966 - D	PLACE OF DEATH—COUNTY 108	STATE IF NOT IN CALIFORNIA)	Merete K.	Wilco	OUSE OR OTHER INFORMANT
CYPTESS VI	ss of funeral director to persons some brothers some	53 Auperial Ave of a Blego, CA.	LIFORNIA LICENSE NUMBER 670	1283 Jame El Cajon,		
	TYPE OF PERM	IT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES OF	DISPOSITION		
XX 1. BURIAL IIN	CLUDES ENTOMBMENT)	→□ 5 DISINTERMENT AND BU ENTOMBMENT)	RIAL IINCLUDES		NT AND REI	NTERMENT OF CREMATED JRIMENTI
and the second of the second	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMATINCLUDES INURNMENT				MATED REMAINS AND AN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CREMAT OTHER THAN IN A CEM	TION, AND DISPOSITION ETERY	FOR III 10 DISPOSITIO	BEAT CHILLY	'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY WH				COUN 50	ry n Diegô
CREMATION	NAME AND ADDRESS OF CREMATORY WH				ERSON IN CI	HARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELIN	OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPO	DITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	VING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pers remains of the above named deced and I hereby acknowledge that tres this permit gives no right of unrestri	ent under provisions of the He pass and nuisance laws appl	ealth and Safety Code, y and understand that	SIGNATURE OF A	PPLICANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	DATE PER TYS WATER	SIGNATURE OF LO	U.S.C	OR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON 2	ER DATEI	PERSON N PHABGE OF D	ISPOSITION		IMBER OF CREMATED REMAINS IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF C	OUNTY OF DEATH	9			

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

TORNE OR PARTY WITHOUT ATTORNEY INSHE and Address	TELEPHONE NO.	POR COL	MT USE CALLY	
*		100		
			11	
			Infrastrad .	-
MINEY FOR Whitmen			50	
IPERIOR COURT OF CALIFORNIA, COUNTY OF		Duorecese mediat:		
STREET ADDRESS:	1 8 2	332317111213	Iderer	-04
MARLING ADDRESS:	1 N			
TY AND OP CODE		Present to court for any	2000	
Branch Name				
TATE OF (NAME):		7	tania .	104
V September Sept			100100	-
Anina (Nina) Madsen	DECEDENT			
CREDITOR'S CLAIM*		CASE NUMBER		
This claim must be presented to the personal re- court in duplicate within four months after the d	이 그 사람 이 사람들이 되었다. 그 아니는			
bate Code, § 700.				
	ON OF CLAIMANT			Sett
. Total amount of the claim: \$ \$606.00 + inter	rest			
. Claimant Inamel: Mt. Hope Cemetery				
a. Xx an individual.				
b. an individual or entity doing business under th	e fictitious name of (s)	ecify):		
c a partnership. The person signing has authority	y to sign on behalf of t	he partnership.		
c. a partnership. The person signing has authority				
d. a corporation. The person signing has authorit	y to sign on behalf of t			
 d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market St 	y to sign on behalf of t			
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA	y to sign on behalf of t t. 92102	he corporation.	no offsets or	oavm
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA Lam authorized to make this claim which is justly due or	y to sign on behalf of t t. 92102	he corporation.	no affsets or	paym
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA	y to sign on behalf of t t. 92102	he corporation.	no affsets or !	paymi
d. a corporation. The person signing has authority. Address of claimant ispecifyl: 3751 Market Stan Diego, CA. I am authorized to make this claim which is justly due or that have not been credited.	y to sign on behalf of t t . 92102 may become due. To m	he corporation. y knowledge there are	900/398	paym
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA. I am authorized to make this claim which is justly due or that have not been credited. Clare under penalty of perjury under the laws of the State	y to sign on behalf of t t . 92102 may become due. To m	he corporation. y knowledge there are	900/398	paymi
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA Lam authorized to make this claim which is justly due or	y to sign on behalf of t t . 92102 may become due. To m	he corporation. y knowledge there are	900/398	paym
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market St San Diego, CA. I am authorized to make this claim which is justly due or that have not been credited. clare under penalty of perjury under the laws of the State 08/08/86	y to sign on behalf of the graph of the graph of California that this of	he corporation. y knowledge there are	900/398	paym
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market St San Diego, CA. I am authorized to make this claim which is justly due or that have not been credited. Clare under penalty of perjury under the laws of the State 08/08/86	y to sign on behalf of the graph of the graph of the graph of California that this control of California that this control of the graph	he corporation. y knowledge there are	and correct.	paym
d. a corporation. The person signing has authority. Address of claimant (specify): 3751 Market Stan Diego, CA. I am authorized to make this claim which is justly due or that have not been credited. Clare under penalty of perjury under the laws of the State 98/08/86 orge W. Stelter, Cemetery Manager ITYPE OR PRINT NAME AND TITLES	y to sign on behalf of the graph of the graph of California that this of	he corporation. y knowledge there are reditor's claim is true	and correct.	paym
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Form Approved by the Judicial Council of California DE-170 (Rex. January 1, 1985)

CREDITOR'S CLAIM (Probate) Pros C 705-708, 71g 712-714, 717 Anina (Nina) Madsen

Decadent

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	ltem	Amount Claimed
X 07/25/1986	X Anina (Nina) Madsen Services Lot 21 Grave 5 Section 4 Division 6 Opening/Closing Burial Container Handling Fee Tax on liner Recording Fee	\$ 320.00 100.00 145.00 6.00 35.00
		\$ 606.00
	NOTICE State Health and Safety Gride Division 7, Part 1. Chapter 3. Section 7(n) 1953 of funeral services, together with interest thereon from 60 days after date of dueth, shall be considered as part of the funeral approach. Monthly interest in the amount of 6:06 will be added starting 10-25-86	
, 1		
pes .		,
•		
	X TOTAL	X & 606.00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3161

Nº 33833

From Aller Address: Color Aller Dollers to Color to Colors to Colo				
Lot 2/ Grave	5 Row	ection 4	Division @	10
Invoice No. 14588	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.		907	1000
W.O. E (6045		Openings &	100	
Unpeid Salance after this Payment	What the same of		100	-
Pre-Need At Need On Acct			100	
AC-212 (Rev. 8-85)	IBBUED BY LOCALIS	TOTAL PAID	. 606	The state of the s

045882 08/07/86 018309 ESTATE OF ANINA MADSEN 77181 000072 100 072 77182 000072 77183 000072 77183 000072 9020

606.00 320.00 100.00 180.00 6.00

PAID IN FULL

INTERMENT ORDER

City of San Diego

7/22/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ___ Funeral, date, time _____ Mortuary. Church, Chapel, Graveside _ All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ _____ Row ______ Section _____ Division/Block ____ Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Flower vases - Marker setting fee Month of June 1986 \$375.00 Recording and filling fee 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. Clemens Granite I hereby authorize the interment in lot I hold under deed. 10527 Prospect Ave. Santee, CA 92071 ure of recorded holder of deed 449-0670 Resale # F-91479 E 6044 006490 PY-583 (REV. 9-85)

6/5/86 \$125. 2x1 POWERS, R.B. 6/10/86 125. 2x1 CURTY, Burkett 6/16/86 125. 2x1 HUST, Evelyn \$ 375.

E 4044

375.00

INVS

CITY TREASURER

9503309/08/86

9503309/08/66 50C.00 INVS 875.00 TL 09/08/86 9503 3 875.00- CH 09/08/86 9503 3 800 BA

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

33740 NIO

GOLDENROD RETAIN	264-3151		00110
11	7 0	Date: 09-0	5 10/6
From: 18men Maj	11 Address: 15-7 100)	searcante	1, 70(7)
dight pund ud	emonty give a	1 1 Police Dollars (8.	17500,
In Payment of 1110	weev install is	a june.	July.
1976		-	Division
Lot Grave		oction	_ Block
Invoice No. 1981/7 9811	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Cars 77184	25/2 5 1/19
Acct. No. CCG490	BAN DURS	90% Sales 100 of Lots 77184 _	HELVE TO
W.O. E 6644 E 6679	OTY DES	Openings & 100 Service Charges 77181	E
Unpeid Balance after this Payment	SE 08:26	Buriol 100 Camainers 77182	43000
		Recording less or 100 miss. service less 77163	
Pre-Need At Need On Acct O		Sales Tex 8020 _	
AC-212 (Raw, 8-80)	sun or Dioteng	TOTAL PAID	195 00

045870 08/07/86 006490 CLEMENS GRANITE COMPANY 77183 000072 09/08/86 CK 13535

375.00 375.00

375.00

INTERMENT ORDER

City of San Diego

	Date 7/22/86
You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
of	
in a	Funeral, date, time
Veut/Liner Church, Chapel, Graveside	MULTINICON A TANK OF THE PROPERTY OF THE PROPE
	The second secon
	m. of regular work day or an extra charge will be applied
and billed to undersigned. War time vetera	in
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	th of June 1986 \$1775.00
V 128	
Cores tondo	Total Due \$1775.00
(Delta	
Palc	d receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	Seaman-Poe Monument Co.
hold under deed.	3893 Imperial Ave.
Signature of recorded holder of deed	San Diego, CA 92113 Stets 264-1933
	Tolephone Resale # F-40258
	Invoice # 045874
Work Order # E 6045	Acct. #000253

06/02/86	\$160	Foundation	ROWLEY, AF & L
28 MA	160	.0	HOGAN, Leslie
06/05/86	125	2 x 1	HARVEY, James
06/06/86	125	2 x 1	MARCH, P & D
Entitle Statement	125	2 x 1	VANDER VEUR, G.
11	125	2×1	SMITH, David
11	N/C	2 x 1	DRAUGHAN, L.
06/10/86	125	2 x 1	SANDS, Herbert
06/11/86	80	10x20	(BARROWS), Norris
06/23/86	125	2 x 1	SENTER, B.J.
N	125.	3×1	BUTTLES, J & P
06/27/86	125	2×1	ECKLEBEN, R.
**	125	2×1	FARRUGIA, J.
3.86	125	2×1	MOORE, Robert N.
234	125	2×1	SLY, Samuel Jr.

\$ 1775

E6045

CITY TREASURER AN DIEGO, CHARLORNIA

2000303/1	10,00		1//5.00	10	102
3500309/L	10/06		830.00	IN	VS
			2605.00		TL
09/08/06	9500	3	2605.00]-	CH
.05/06/86	9500	3	.00		BA

OFFICIAL RECEIPT

GOLDENBOD RETAIN		WHITE TO CUSTOMER CANARY CEMETERY PRIK AUDITOR GOLDENROD RETAIN
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOBE CEMETERY

33704 NIO

GOLDENROD RETAIN	264-3151	000	1 0/
From Seaman - Fac	Address: 3893 mger	uelau L	OCA 9218
Wenty Siry Nun	hed sive and n	9/100 Dollars (4,	260500,
In Payment of The	y Suly 1986	ins pav	
Lot Grave	RowSe	ection	Division Block
Invoice No. 045874 4 75	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 87007 20% Soles Care 77184	
WOF 6045 + 6076	CITY TREAS	90% Sales 100 of Lots 77184	
Unpaid Balance after this Peyment	88 08 86	Openings & 100 Bervice Charges 77181 _ Buriel 100 Consainers 77182	STATE OF THE PARTY
Charles of the Control of the Contro	- Lan 13	Recording fees or 100 miss. service fees 77183	NEWSON PRO
Ck Cash On Acct	The state of the s	Selos Ten 60101	
AC-212 (Rev. 8-88)	ISSUED BY J. Nang	TOTAL PAID	0/105 00

045874 08/07/86 000253 SEAMAN/POE MONUMENT CO 09/08/86 CK 1210 E 6045 100 072 . 77183 000072

1.775.00

1.775.00

PAID IN FULL



City of San Diego

Hess	07/22/86
Date	01/22/00

of						-	_
in a		F	uneral, date, time				
Church, (Vault/Universide	S 100		and the latest			
			of regular work day	or an extra	charge w	ill be apo	beile
	to undersigned. V		A-111 A-14 A-14 A-14 A-14 A-14 A-14 A-14				et-ou-
Lot	Grave	Row	Section	Divisi	on/Block		
Grave sp	ace & Care Fund						

	CONTRACTOR CONTRACTOR CONTRACTOR						
	and the second s						
Classes	1865	na foo M	onth of Jun	e 1986	· · · · · · · · · · · · · · · · · · ·	\$ 72	5.
			· • · · · · · · · · · · · · · · · · · ·				
	The state of the s						
Sales tax	66						
			Total I	Due		\$ /2	٠٠٠.
		Paid	receipt number				
				Balar	nce due		
and this i that I hav	certify I am the s your authority to e the right to make ity on account of s	make dispositio this authorizatio	n of remains as above on and i agree to hold N and interment.	indicated.	certify a	ind repre	sent
I hereby a	uthorize the inter	ment in lot I	Conti				
hold unde	er deed.		P 0 B	ox 94			45
Signature of re	corded holder of dead		San Di	890	TA 92	112	ip Code
			Telephone Re	sale	#FH_2		
	E 604	C	Invaice #	20125	12	<u> </u>	
Work Ord	E 604	0	Acct.#	00482			

06/10/86	\$100	2×1	Richardson, J.
Tr.	125	2x1	Eli, Marie
***	125	2×1	BENSON, James
06/13/86	125	2×1	MULHOLLAND, E
	125	2 x 1	WILKES, E.
**	125	2 x 1	VARNADO, L.
	\$725		5 DECEMBER 198 (0.00) 10 T. W. VIII. (1.00)

045872 68/07/86 004821 CONT1 AND SON MEMORIAL CO 06/19/86 CK 58

725.00 725.00

PAID IN FULL

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OFFICIAL RECEIPT

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

33660

From ontit Son Deven puntu	A whity and may	Dete: 08	19 10 11 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	14 Es
Payment of free Grave	y 1916 Row Se	ection	Division Block	
Acet. No. CC4221 W.O.E. GC464 E GO75 Unpeid Balance after this Payment	AUG 20 1985 1986	80% Sales of Lote Openings & Service Charges Suriel Containers	67007 77184 100 77184 100 77181 100 77182	
Pre-Need At Need On Acct C	IBBUED BY Borang	Recording fees or miso, service fees Seles Tex TOTAL PAID	100 77163 8030 8020	0

INTERMENT ORDER

mi, no	OFE CEMETERY
INTERM	NENT ORDER
City	of San Diego
	7/37/86
ASHELY	Date // ala/ar
	pject to your rules and segulations, to inter the remains
of askely mich	rel White,
in a Fu	igeral, date, time IEM Wed 7/23
Church, Chapel, Graveside Clapel	2.5. Kassdale Mortuary
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	. h
13164	, 9
Lot /3/91 Grave Row	Section Division/Block
/3/9 III Grave space & Care Fund	ho do
77.1544.1000**M0340.5000**0-40.1650**F-0-5350**0.1614** 55-516.00148.4	-
Additional spaces and care fund	/00 °
Opening/Closing & Setup	AID 300
Burial Container	AID
Handling Fees	11 02 10 01
Flower vases - Marker setting fee	123 1984
Recording and filing fee	PE CEMETERY 300
Sales taxes	AN AMOO, CALIF.
-23-86	Total Due
Paid re	sceipt number 33369 2990
SALSAN	Balance due
Father	7.
I hereby certify I am the and this is your authority to make disposition	of remains as above indicated. I certify and represent
any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery hermless from and interment.
Y (III) U COUNT I DESCRIPTIONE EL SONE SONE PER CONTRACTOR	* Pdus 1 DC 10 Pil
hereby authorize the interment in lot hold under deed.	Signature (1)
0-14-00-00-00-00-00-00-00-00-00-00-00-00-00	man (033 Woodsine Way
Signature of recorded holder of deed	Sister J To Code
	475 5484
E COAR	Invoice #
Work Order # E 6047	Acct. #
PY-683 (NEV. 8-86)	

OFFICIAL RECEIPT



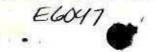
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN

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

33569

From Stever (Wa	+ 7/22 11	Date:	11/2/11/11
From: Palour & MA	notification and	notrelion for	9900
In Sec (Payment of /	held The Ares	Whiteres	uce !
12 2 -	10. P	AND ASSESSMENT OF STREET	
Lot 1917 I Grave_	NOT VALID FOR PURISH STATED UNLESS IN THIS SPACE IN AUDITO	Section	Division 9
Invoice No.	PAID IN THIS SPACE	8TAMPED CREDIT 57007 20% Sales Care 77184	26 00
Acct. No.	JUL 28 1986	80% Sales 100 of Lots 77194	60 00
W.O. Unpaid Balance	8 7900	Service Charges 77181	100 00
after this Payment	/ 77%	Containers 77182	5000
Pre-Need At Need On Acct		Recording less or 100 miss, service less 77183	460
Ck Cesh	1 -	Seles Tex 9020	300
AC-212 (New. 8-88)	IRBUED BY	TOTAL PAID .	×99 10

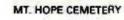
PERMIT FOR POSITION OF HEAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	1	ac poyen and make he here	I SEX	DATE OF BIRTH	DATE OF DEATH		
Constitute (And Section Constitute (A)	ASHRLY MICHRA	L WITTE	Male	May 12,			
PLACE OF DEATH		PLACE OF DEATH—COUNTY (OR ST			ESS OF SPOUSE OR OTHER INFORMANT		
	S OF FUNERAL DIRECTOR FOR PERSON AC		1329		dbine Way p, California 92114		
- W	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION			
I BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND BURN ENTOMBMENTI	AL (INCLUDES		NT AND REINTERMENT OF CREMATED ICLUDES INURNMENT)		
	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMATIC (INCLUDES INURNMENT)	N, AND BURIAL		NT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY		
3 CREMATION CEMETERY 4 SCIENTIFIC	N AND DISPOSITION OTHER THAN IN A	7. DISINTERMENT, CREMATIC OTHER THAN IN A CEMET	ON, AND DISPOSITION ERY	FOR CORONER'S USE ONLY			
INTERMENT	NAME AND ADDRESS OF CEMETERY W	3751 Merket St.; Sa	n Diego, Cal:		COUNTY Sam Diego		
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PE	ERSON IN CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine, or other description suffic	BENT TO IDENTIFY FINAL	PLACE AND COUNT	Y OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	dent under provisions of the Heal	th and Safety Code,	SIGNATURE OF APPLICANT			
APPLICANT	and I hereby acknowledge that tre this permit gives no right of unrest	일 기계 회에 가는 사람이 가지 않는 일을 보면 있었다. 그리고 그리고 있다면 하면 없었다면 모든 것이다.		DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	DE AND IS THE	JUL 2 2 1986	D 1	LA REGISTRAR ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUL DISPOSITION WAS MADE ON	2 3 1986 SIGNATURE OF I	PERSON IN CHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER. IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					

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





INTERMENT ORDER

City of San Diego

Date 7/22/86

You are hereby authorized and instructed, sub	Mrc to your rules	and regulations, to inte	or the remains
ina none Fill	neral, date, time	7/22-3	Pm
Church, Chapel, Graveside Laulan	Il de	wier-Colonial	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work d	ay or an extra charge v	vill be applied
and billed to undersigned. War time veteran .	10.	0. 0	
12	-4	useum	#
Lot HO Grave Row	Section ZZ	Division/Blog	k //
Grave space & Care Fund			
Additional spaces and care fund	**************		
Opening/Closing & Setup			10000
Burial Container		*******	NONE
Handling Fees		*****	
Flower vases - Marker setting fee		******	
Recording and filing fee			35.00
Sales taxes			
ACTOR SCHOOL STATE	ALDERO	al Due	135%
Paid re	ceipt number		
		Balance due	
I havely so of James by		of the above na	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and lagree to ho	ove indicated. I certify	and represent
I hereby authorize the interment in lot I	MIL	elim (1s	In.
hold under deed.	Signature		
Signature of recorded holder of deed	Address		
	State		Zip Code
	Telephone		
	mi 50 30	04587	7
Work Order # E 6048	Invoice #	0/5000	_
Work Order # UU 10	Acct. # _	0/3/63	



		JSE BLACK INK-MAKE NO	D ALIERATIONS OR ERASL	KE2			
NAME OF DECEDEN	T		SEX	DATE OF BIRTH	DATE OF DEATH		
MORNER	d J. Abufarea		MALE JULY 8, 1986 JULY 21,				
PLACE OF DEATH-	CITY OR TOWN	ANTONIO POLITICISTA DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DE LA COMPANSIONE DEL COMPAN	OR STATE IF NOT IN CALIFORNI		OF SPOUSE OR OTHER INFORMANT		
NAM DIBGO		SAN DINGO		JIRAD S. AB	JIRAD S. ABUFARHA - PATHER		
NAME AND ADDRES	S OF FUNERAL DIRECTOR 305 PERSONAL	Cajum blvd.	CALIFORNIA LICENSE NUMBER		LA AVE.		
Lewis Color		go, CA 92104	F-480	OCHANSIDE,	CA 92054		
	TYPE OF PER	MIT, CHECK ONLY ONE O	F THE FOLLOWING TYPES	OF DISPOSITION			
1 BURIAL UN	CLUDES ENTOMBMENT)	5 DISINTERMENT AN ENTOMBMENT)	D BURIAL (INCLUDES		ND REINTERMENT OF CREMATED DES INURNMENT)		
2. CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CR	EMATION, AND BURIAL	9 DISINTERMENT OF	F CREMATED REMAINS AND HER THAN IN A CEMETERY		
3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	П з воменти се	EMATION, AND DISPOSITION	ron cor	CANCEL CANCE		
4. SCIENTIFIC		OTHER THAN IN A	CEMETERY	FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			
20011100278001	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATE	D REMAINS ARE TO BE INTER	RED	COUNTY		
INTERMENT	MT. HOPE CHEETERY -	3751 MARKET ST.	. SAN DIBGO, CI		SAN DINGO		
	NAME AND ADDRESS OF CREMATORY W	WHERE REMAINS ARE TO BE CR	EMATED DATE CREMATED	SIGNATURE OF PERSO	N IN CHARGE OF CREMATORY		
CREMATION	H/A			>			
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	JINE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FIN	AL PLACE AND <u>COUNTY</u> O	F DISPOSITION		
SCIENTIFIC	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
USE	M/A						
-	This is to certify that I am the pe	rson having the right to a	ontrol the disposition of the	SIGNATURE OF APPLICANT			
ACKNOWLEDGMENT OF	remains of the above named dece	[18] [18] [18] [18] [18] [18] [18] [18]			-Fire-		
APPLICANT	and I hereby adknowledge that to this permit gives no right of unrest			DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE	E PAID DATE PERMIT ISSUE	IT MUS	REGISTRAR ISSUING PERMIT		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	2.2.1986 SIGNATU	RE OF PERSON IN CHARGE O		NSE NUMBER OF CREMATED REMAINS POSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					

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

REPORT NO. C65-102

CITY OF SAN DIEGO ACCOUNTS RECEIVABLE AUDITOR & COMPTROLLER PAID INVOICE REPORT BY DEPARTMENT AS UF 09/23/86

DATE: 09/23/86 TIME: 224148 PAGE: 7

DEPARTMENT 672

PROPERTY VERT-MT HOPE CLMETERY

135.00

INV	LATE	ACCT . U	CUSTUMEN FUND	NAME DEPT	CRG	ACCT	L/	AYM PU ATC 3Y CHÉR SNI	PAYM REF NO 'EU FACIL!	AMOUNT PAIC AMOUNT APPLIED	AMOUNT BILLED	SALANCE SALANCE
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CITY OF SAN DIEGO AUDITUR & COMPTROLLER REPORT NO. C65-102

NUMBER OF INVLICES FALL

TOTAL AMOUNT PAID

ACCOUNTS RECEIVABLE PAID INVUICE REPORT BY LEPARTMENT A5 UF 10/08/86

DATE: 10/08/86 TIME: 203011 PAGE:

DEPAR THENT 072

PROPERTY DEPT-MT HOPE CEMETERY

NO	DATE	ACCT NO	CUS TOMER FUND	NA ME DEPT	DRG	ACCT	1/0	PA YM DA TE OPER	BN/E	PAYM REF NO P FACIL L	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILL	ED	BALANCE
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CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102

ACCOUNTS RECEIVABLE PAID INVOICE REPORT BY DEPARTMENT

DATE: 10/22/86 TIME: 211914 PAGE:

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV	INV	ACCT NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	PAYM REF ND Q FACILI	AMOUNT PAID	AMOUNT BILLED	UNPA ID BALANCE
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	L 18					- 2							EHOH3

INTERMENT ORDER

City of San Diego

Date 1-23-86

You are hereby authorized and instructed, sub	ject to your rules and regul	ations, to inter the remain
"	Ti	Mar 1:2.
in a Supplicion Full	neral, date, time	143 1.30
Church, Chapel, Graveside	y ilyon	Mortuar
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an e	extra charge will be applie
and billed to undersigned. War time veteran .		
and time veteran .		20
Lot 3 / Grave 5 Row	Section 16	Division/ Stock
	3	D
Grave space & Care Fund	-3157	Trence
Additional spaces and care fund		
		····· — /
Opening/Closing & Setup	X 1 17	
Burial Container	11 U	
Handling Fees		
Flower vases - Marker setting fle	24 /486	V
		200
Recording and filing fee	N DEGO CALIR	*********
Sales taxes	re manage contact	
1000 alley 7-24-8	Total Due	
Paid re	ceipt number 335	74 350
nike alumon	6130 MALANIANA.	Balance due _O ^
and a spiral		barance due
I hereby certify I am the	of	the above named decede
and this is your authority to make disposition	of remains as above indica	ated. I certify and represe
that I have the right to make this authorization any liability on account of said authorization a		be Cemetery harmless fro
All and the second seco		
I hereby authorize the interment in lot I		
hold under deed.	Signatur [®]	
Signature of recorded holder of deed	Address	
officers as London House, in Deep	State	Zip C
	Telephone	
	200	
2007 per 5.20 (4.00) 4-11124-1	Invoice #	
Work Order # E 6049	Acct.#	

OFFICIAL RECEIPT



CAMARY TO CLISTONAL CEMETER	i
	Š
GOLDENROD RETA	Ŷ

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

Nº 33574

From: Part fitty	Address: 1921 Duenis	Dete: 1-17- 19/1
In well Payment of My	mopor Tulu	Dollare 19
Lot 57 Grave	Row_S	Section // Division: 7
Invoice No.	HOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREOTY Sales Care 773.84
W.O. E - 604 9 Unpaid Balance	JUL 28 1888	Openings & 100 Service Charges 77181
Pre-Need At Need On Acct	28 1886	Burtel Conteinum 77182 Recording less or 100 miss. service 6ee- 77983
Ck Cash C	isoued av	Sulan Test 9000

- PERMIT FOR DOSITION OF MAN REMAINS.

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Frances Anna Lude	ig		Famele	DATE OF BURTH	1911	July 22, 1986
NAME AND ADDRES	CITY OR TOWN SOF FUNERAL DIRECTOR (OR PERSON	San	Ave CALIF	ORNIA LICENSE NUMBER	Name and add Merica Po 1721 Ave Rio Rico	sterson nida Le	DA
	TYPE OF PERA			FOLLOWING TYPES O	DISPOSITION		
2. CREMATION	CEUDES ENTOMBMENT) N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A	11/1/12/8/2019/02/	IENT) HENT, CREMATIO I INURNMENTI	N, AND BURIAL	BEMAINS II 9 DISINTERME DISPOSITIO	NCLUDES INU INT OF CREM IN OTHER THA	ATED REMAINS AND IN IN A CEMETERY
4 SCIENTIFIC	USE	// DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY 10. DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W				Ä. 92102	COUNT	n Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	VHERE REMAINS ARE T	O BE CREMATED	DATE CREMATED	SIGNATURE OF F	ERSON IN CH	ARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESC	RIPTION SUFFIC	IENT TO IDENTIFY FINAL		TY OF DISPO	SITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		·			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	ident under provisions espass and nuisano	ons of the Heal ce laws apply o	th and Safety Code, and understand that	SIGNATURE OF A DATE SIGNED	PPLICANT	10 E
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED IS	DE AND IS THE	\$3.00	DATE PERMIT ISSUED	SIGNATURO E L	MAG	AR ISSUING PROFITE L
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	NTER DATE)	SIGNATURE OF F	PERSON IN CHARGE OF	DISPOSITION		MBER OF CREMATED REMAIN F APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	-) ((g., 2)		

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

INTERMENT ORDER elicate place You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Sales taxes 23-86 Paid receipt numbe 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 Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. gnature of recorded holder of deed Invoice A E 6050 Work Order # .

PY-693 (REV. 8-86)

11283

July 21, 1986 Please provide my Shandmother, Lucille L. Daley with a duplicate deed to her burial plat: LOT 208, SEC. 14 DIV. 7, SPACE 2, purchased 8/31/67 for #120.00. Thankyon very much. Richard a. Wolde 7567 New Salen St. San Diego, CA 9206 check for \$35.00 enclosed. E6030

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33570

CASTE A			7	0/
	11111		Dete:	1900
From Alchard	H. Wolde Add	res 7567 /	and talems	SK (20 92/26
Martin	· · And	1 ml (02)	SECURITIES AND ADDRESS OF THE PARTY OF THE P	26.10
freely 4	and willed	1000	Dol	lare (*)
In 1 Paym	ent of alltoll	cate NC	ed our	
1 -110	illesta	den		
10	70	0 0	101	. Division
Lot Of Co	Grave	Row	Section	Block
Invoice No.	MOT VALID FO	R PURPOSE STATED UNLESS ST SPACE.	AMPED CREDIT 20% Seles Cere	57007 77184
Acct, No.		CITY AUDIN	20% Sains	77184
EURT	1	All	Charles and the same of the sa	500
W.O. Unpaid Balance	2	JUI JOIN	Openings & Service Charges	77181
after this Payment		JUL 88 JUL	Sariel Containers	77182
A COLUMN PURSUE DE	AND AND THE PARTY OF	1986	flacerding fees or	700 1 1 1 1 1 1 1 1 1 1
Pre-Need At Need B	On Acct		100000000000000000000000000000000000000	80101
Ck Cash -		1 Jane	Spice Tex	1020
AC-212 (Rev. 8-85)	ISSUED BY	J. May	TOTAL PAID	The Sand of
NOT THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER OWNE	THE RESERVE OF THE PARTY OF THE		AND REAL PROPERTY AND ADDRESS OF THE PARTY AND	ACTION AND ADDRESS OF THE PARTY

INTERMENT ORDER

and this is your authority to make disposition of remains as above indicated. I certify and representat I have the right to make this authorization and I agree to hold Mt. Hope 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 Signature F 6051) 1	ILIVI ONDEN
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remain of	I en ead city	CONTRACTOR
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remain of	a fact	7-23-86
in a Funeral, date, time Church, Chapel, Graveside All Funeral cars must 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	rust for	Date
in a Funeral, date, time Church, Chapel, Graveside All Funeral cars must 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	You are hereby outhorized and instructed, aut	piaet to your rules and regulations, to inter the remain
Church, Chapel, Graveside	a dand d.	Prach
Church, Chapel, Graveside	" - / 1 / 1	AND
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applicant billed to undersigned. War time veteran	Vault/Liner	
Additional spaces and care fund Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes Total Due Paid receipt number Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make disposition and lagree to hold Mt. Hope Cemetery harmless from your large that I have the right to make disposition and interment. Signature of recorded holder of dead	market a County of the county	AND THE PROPERTY OF THE PROPER
Grave space & Care Fund	All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applie
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Balance due Total Due Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and represents that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed Signature of recorded holder of deed Felsphone	and billed to undersigned. War time veteran	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Balance due Total Due Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and represents that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed Signature of recorded holder of deed Felsphone	(081)	1 - 8
Additional spaces and care fund Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Total Due Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and representant have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of Seed Signature of recorded holder of Seed	Lot CO Grave Row	Section Division/Bleek
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Total Due Date Paid receipt number Total Due Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any 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 Signature of recorded holder of dead	Grave space & Care FundE.	-6039 frence
Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Total Due Of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and representant half have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed		
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Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes Total Due Paid receipt number Total Due Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Signature Flexible F		DA B INO
Flower vases - Marker setting fee Recording and filling fee Sales taxes Total Due Total Due Paid receipt number Flower vases Balance due Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represented that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any 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 State Zep Company Total Due Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the properties of the p	SEMORAL EVERYALISM	11/50
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and this is your authority to make disposition of remains as above indicated. I certify and represented I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed State Ze C	9 9 9	
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hold under deed. Signature of recorded holder of deed State Zap 0	I hereby authorize the interment in lot I	
Signature of seconded holder of dead State Telephone		Signature
State Zap C	Signature of recorded holder of deed	Address
	Brown area and Brown and	State Zip Co
Work Order #		Telephon*
Work Order # 6U51	F 00-1	Invoice #
	Work Order # <u>E 5U51</u>	Acct.#

MOUNT HOPE CEMETERY 3751 Market Street San Diego, Cal. 92102

m-1. 264 2151

¥	Tel: 264-5151	
360		7-18-86 Date
Lot Gr Row	Sec Blk/Div	· 32000
Interment Charges Vault/Liner 355	50@25100	1 320=
Marker Setting Fee Recording Fee		1 3500
Miscellaneous Char	4500 GN	
Services Whenen	Woult	1
\$60600	#71050	<u>, </u>
1001.00)		
Thank you	y.	Total
Donkoach	_/e	Estimate Given By:
The above charges a	re an estimate	only. The figures

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

OFFICIAL RECEIPT

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WHITE TO CUSTOMER
CANARY. CEMETERY
PINK ALOTTOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33572

From Marald A. Bra My Mundred & In Mill Peyment of Ph	in and no 9	100 Dollers (9 40 Clo 20)
Lot 1010 Grave	Row Row	Section Division Page CREDIT STORY
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMP	PSS CREDIT 87007 20% Sales Core 377184 100 100 100 100 100 100 100 100 100 10
Unpaid Balance after this Payment	JUL 28 1986	Service Charges 77181 Burial 100 Containers 77182 Flacoring faces or 77183
Pre-Need At Need On Acct Ck Cash	0 4	Sales Yex 8020

Red Auto Auto

MT. HOPE MEMETERY

INTERMENT ORDER

City of San Diego

Date 7-23-86

You are hereby authorized and instructed, sub	ject to yegr rules and regulations, to inter the remains
of Santina	Laureno
ina Ring-Bell Fu	neral, date, tyme Mon 7/38 11:00
Church, Chapel, Graveside	Haufu Back Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	<u></u>
Lot 4992 Grave Row	Section Division/8400k / O
Grave space & Care Fund D-2	287- PIP.
Additional spaces and care fund	NONE
Opening/Closing & Setup	3200
Burial Container	1000
Handling Fees	A D
Flower vases - Marker setting fee	701
Recording and filing fee	L25/986 35°
Sales taxes	PE CEMETERS
old of CITY 48	AN DEDOC, CALLED
1-43 06 Paidre	oceipt number 335/5 606
0	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
noid under deed.	17901 Kedbenn Re
Signature of recorded holder of deed	State Zp Code
	13-540-1306
1000	Invoice #
Work Order # E 6052	Acct.#
TININ WINDS IT	CAROL II

000933

OFFICIAL RECEIPT



WHITE TO CUSTOMER CAMARY. CEMETERY PINK AUGITOR GOLDENROD RETAIN

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

Nº 33575

From Mary Crawder	L Address Hat Swenisa	Dete: 1-15 19/
In 4996 Payment of Grave	MAY WHITE COR STORE OF STATES THE COR OF STREET	ection Division //
Acct. No	MOT VALID FOR PURE STATED UNLESS STAMPED TAID IN THIS SPACE OF THE STATED UNLESS STAMPED TAID IN THIS SPACE OF THE STATED UNLESS STAMPED TAID IN THE STATED UNLESS STAMPED TAID IN THE STATED UNLESS STAMPED TAID UNLESS STAMPED T	20% Selve Carit 97184 80% Sales 100 of Last 77188 Openings 8 100 Service Charges 77181
Pre-Need At Need On Acct		Recording fees or 103 // / / / / / / / / / / / / / / / / /

PERMIT FOR SPOSITION OF HUMAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	σ		SEX	DATE OF BIRTH	_	DATE OF DEATH	
ALL STREET, ST	- LAURINO				APRIL 21, 1917 JULY 23, 19		
PLACE OF DEATH-				Value and the second se			
EL CAJON		SAN DIEGO		EDWARD JOHN LAURINO-SON			
NAME AND ADDRES	S OF FUNERAL DIRECTOR FOR PERSON AC BEACH MORTUARY 170 CA	TING AS SUCHI CALIF	815	21901 REDBEAM AVE. TORRENCE, CA 90503			
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE F	OLLOWING TYPES O	F DISPOSITION			
1. BURIAL IIN	CLUDES ENTOMBMENT;	5. DISINTERMENT AND BURIA ENTOMBMENT)	L UNCLUDES	8 DISINTERME	NT AND REI	INTERMENT OF CREMATED URMMENT)	
2 CREMATION	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMATION	N, AND BURIAL	9. DISINTERME	NT OF CREI	MATED REMAINS AND	
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETE		22000000000000000000000000000000000000	CORONER	R'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W. MT. HOPE CEMETERY-37			EO	SA	N DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF P	ERSON IN C	CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	ine, or other description suffici	ENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISP	OSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECO	EIVING REMAINS				,	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that the this permit gives no right of unrest	dent under previsions of the Heal espass and nuisance laws apply a	th and Safety Code, and understand that	SIGNATURE OF A	PPLICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED IN	DE AND IS THE	JUL 2 5. 19	SIGNATURE OF L	VIC	RAR ISSUING PERMIT INC	
CERTIFICATION OF PERSON IN CHARGE DE DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	2 8 1986 SIGNATURE OF P	ERSON IN CHARGE OF	DISPOSITION		UMBER OF CREMATED REMAINS IF APPLICABLE	
IF DISPOSITION IS TO OCCUB IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			140		

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

INTERMENT ORDER

	MT. HOPE CEMETERY		
IN ⁻	TERMENT ORDER		
VALED	City of San Diego	1	
X-NEER	U MASERIA SONO POR SONO POR PRES.	7/22/06	
10	Dat	1/22/00	_
ou are hereby authorized and instruc	ated publication value sides and re-	oulations to intertheroma	ine
Constant Can	~# /3245-	Heran der	
		11/25	
N 8 Veolt/Liner	Funeral, date, time	+ 77	
		Mortus	-30
All Funeral cars must arrive before 3:		n extra charge will be appl	bei
nd billed to undersigned. War time t	veteran		
53 . 7	v Section	Division/Block /2	_
O THE HOW	Section	_ Division/ Block	_
Grave space of Care Fund	1 James	_55	
Additional spaces and care fund	************	1	
Opening/Closing & Setup		00	
Burial Container		()-0-1	
landling Fees			
NAME OF THE OWNER OWNER OF THE OWNER OWNE			
lower vases - Marker setting fee			
secording and filing fee			_
Sales taxes	***********	11/2	10
20.4	Total Due	······ <u>/</u> 79	L.C
	Paid receipt number	7.0	_
		Balance due	
S			
hereby certify I am the and this is your authority to make dis	position of remains as above in	of the above named deced dicated. I certify and repres	ent
that I have the right to make this authors is a count of said authors is a count of said authors.	orization and lagree to hold Mt.	Hope Cemetery harmless for	rom
hereby authorize the interment in lo	ot I Signaturé		_
nold under deed.	76,780,000		- 2
ignature of recorded holder of deed	Address		
	State	Zip	Code
	Telephone	0/	
	(145878	
Mort Order # E 6053	Invoice #	009571	
Work Order # OOOO	Acct. #	W/JW	_

COUNTY UF SAN DIEGUT 0 17161 900072 100 072 100 77164 900072 045876 06/07/60 000452 E6053

145.00 90.00 55.00

PAIU IN FULL 145.00

ISPOSITION OF HU

		ISE BLACK INK-MAKE NO	ALTERATIONS OR ERASU	RES	
NAME OF DECEDEN	RELLANG HERNANDEZ	,	SEX male	10/5/1945	PA-5/26/1986
PLACE OF DEATH—	alley	San Diego	IOR STATE IF NOT IN CALIFORNI		SS OF SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR (OR PERSON A)	CTING AS SUCHO	CALIFORNIA LICENSE NUMBER 1083	San Diego,	48 THE RESERVE TO STATE OF THE
	TYPE OF PERA	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	OF DISPOSITION	
# 1 BURIAL (IN	NCLUDES ENTOMBMENT)	5 DISINTERMENT AND	D BURIAL (INCLUDES		AND REINTERMENT OF CREMATED
	N AND BURIAL (INCLUDES INURMMENT)	6 DISINTERMENT, CR		9 DISINTERMENT	OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATIO CEMETERY	A. Construction of	7 DISINTERMENT, CR OTHER THAN IN A	EMATION, AND DISPOSITION CEMETERY	FOR CORONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATE	D REMAINS ARE TO BE INTER	RED	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CRE	MATEO DATE CREMATED	SIGNATURE OF PERS	SON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS		INE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		***************************************	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the espass and nuisance laws o	e Health and Safety Code, apply and understand that	SIGNATURE OF APPL DATE SIGNED	LICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	E AND IS THE	DATE PERMIT ISSUED	SIGNATORE OF LOCAL	AL COMPOS, M. D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	29/1///	(TER DATE)	AP OF PERSON IN CHARGE OF	DISPOSITION LI	CENSE NUMBER OF CREMATED REMAIN: SPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDIVATE ADDRESS OF MODISTRAR OF	COUNTY OF DEATH	0		

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

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINST AUDITOR **HOUNT HOPE CEMETERY** 264-3181 Division Block Section CHEDIT 20% Sales Care 80% Sales of Lots Containan Handling Fee Recording & Misc. Fees Pre-Need Lot 8000 300 Trust Pre-need Trust Salos Tax TOTAL PAID AC-212 (Rev. 11-85) E6053

INTERMENT ORDER

X-Deep

City of San Diego

Date 2/23/86

Much	Date 2/23/00
rou are hereby auth, ized and instructed, sub	ject to your rules and regulations, to inter the remains
in a Fur	neral, date, time Tues. 126
Church, Chapel, Graveside Doller	ery : Reathermail Mortuery
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _	
45 7	1 12
Lot Grave/ Row	Section Division/Block
Grave space & Care Fund	55
Additional spaces and care fund	AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA
Opening/Closing & Setup	
Burial Container	
Proceedings of the process of the control of t	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Right	Total Due
Paid re	ceipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
The state of the s	Address
Signature of recorded holder of deed	State Zip Cod
	Telephone
Park Coltano	Invaice # 046637
Work Order # E 6054	Acct. # 000 952

PERMIT FOR ISPOSITION OF HUMAN REMAINS



		JSE BLACK INK—MAKE N	O ALTERATIONS (OR ERASURI	ES		
NAME OF DECEDEN			SEX		DATE OF BIRTH	1964	DATE OF DEATH
MARIO HUM	BERTO SANTOYO-GARCIA	411	Male		July 8,	2000	Fd. June 14,198
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT I	N CALIFORNIAI	NAME AND AD	DRESS OF S	POUSE OR OTHER INFORMANT
San Diego		San Diego			San Die	go Cou	nty Coroner
NAME AND ADDRES	SS OF FUNERAL DIRECTOR FOR PERSON A	CTING AS SUCH)	CALIFORNIA LICENS	SE NUMBER	5555 Ov	erland	Avenue
FEATHERIN	GILL MORTUARY		1083		San Die	go, Ca	lifornia 92123
	TYPE OF PER	MIT, CHECK ONLY ONE O	F THE FOLLOWIN	G TYPES O	F DISPOSITION		
1, BURIAL UN	ICLUDES ENTOMBMENT)	5. DISINTERMENT AN	D BURKAL (INCLUDE	5		ENT AND R	EINTERMENT OF CREMATED NURNMENT)
	N AND BURIAL IINCLUDES INURNMENTI	6. DISINTERMENT, CF		HAL			MATED REMAINS AND HAN IN A CEMETERY
3. CREMATIO CEMETERY 4. SCIENTIFIC		7 DISINTERMENT, CF OTHER THAN IN A	EMATION, AND DIS CEMETERY	POSITION	FOR		R'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W			BE INTERR	ED	Se	кту Na Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE CR	EMATED DATE CF	REMATED	SIGNATURE OF		CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION	SUFFICIENT TO IDE	ENTIFY FINAL	PLACE AND COU	NTY OF DIS	POSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS					
ACKNOWLEDGMENT	This is to certify that I am the pe remains of the above named deca				SIGNATURE OF	APPLICANT	
OF APPLICANT	and I hereby acknowledge that to this permit gives no right of unres			tand that	DATE SIGNED		12
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	ALIC O	6 1986	SIGNATURE OF	01 5.6	THAN ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	G 2 6 1986 SIGNATU	IRE OF PERSON IN I	CHARGE OF I	DISPOSITION		NUMBER OF CREMATED REMAINS , IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					

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

E6054

040637 09/06/26 060952 CWNTY OF SAN DIEGO 17181 050072 50.00 FAID IN FORL 50.00 50.00 FAID IN FORL 50.00

INTERMENT ORDER

City of San Diego

Date 1-25-86

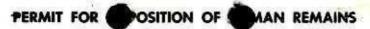
of Anyund Bald	wentyttenden fr
in a Wault Fu	neral, date, time Muss. 8/7 7:0
Church, Chapel, Graveside	: Jamely Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
apd billed to undersigned. War time veteren .	
27 /	mar R
Lot A Grave Row	Section MAS Division/Block
Grave space & Care Fund	Promeoc
The state of the s	
Additional spaces and care word	Inco
Opening/Closing & Setup	100
Burial Container	70
Handling FeesAUG	600
Flower vases - Marker setting fee	CEMETERY 3000 CALE.
Recording and filing fee	DECO, CALIF.
Sales taxes	240
0.11.1 4	2424
allea my	73/)/ 24) #
Whara d. Paidra	eceipt number 356 X6 872
2. Then dead of	Balance due
Judenach Son	/
	of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from and interment.
	110 2 m
hereby authorize the interment in lot I	Jos to allen Dut
hold under deed.	<u> </u>
Signature of recorded holder of deed	Address
	Same Zip-Cod
	Tetephone
■4 5 265€0500	Invoice #
Work Order # E 6055	XX2390.02
WUR CION #	Acct. #

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA			
100	WHITE TO CUSTOMER CANARY CEMETERY	PROPERTY DEPARTMENT	AID	22000	
Tribel !	PINK AUDITOR GOLDENROD RETAIN	MOUNT HOPE CEMETERY 264-3181	Nº,	33626	
253			8/7/	86	
19.0/	Bal and	1 1 11 11	Date:	~ 91	9
729	From: De Comme Selle	Address: Wheather	De albuto	5 4 170	25
	Ino Hamle go	white a 1100	Dollars (8	242-3	=
12000	in Level Payment of	tumber of ashe of	- Howard C	retaile.	- Die
				TOTAL PROPERTY.	1
	27	The state of the s	action mas	Division	1.30
	Lot Grave			_ Block	n
	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" BY THIS SPACE.	CREDIT 67007 20% Sales Care 77184		
	Acet. No.	WD.	80% Sales 100 of Lots 77184	-	-
	wo F 6055	ALL AUD JON	Openings & 100 Service Charges 77181	105	00
K TO S	Unpaid Balance after this Payment	AUG 73 mon 1986	THE STREET STREET	40	00
100	arter this Payment	3 100	Surial 100 Containers 77182	70	
		79	Mocording fees or 700 miss, service fees 77183	195	00
	Pre-Need At Need On Acct	(D) 10+11	Sales Tex 9020	2	40
1422	5018	1881 BY TENERALLES	TOTAL PAID	242	140
	AC-212 (Rov. 8-86)	The state of the s			-

THE RESIDENCE OF THE PARTY OF T

The lates

A CONTRACTOR OF THE PARTY OF TH



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	aldrin Crittenden,	Jr.	SEX Male	11-20-1	908 DATE OF DEATH 6-5-1986
Redrood (PLACE OF DEATH—COUNTY &	OR STATE OF NOT IN CALIFORNIA	Barbara	SS OF SPOUSE OR OTHER INFORMANT
ROLLET B		Middlefield	P-132		ther Dr. m. Calif. 94025
		IO ALEO, CA.	THE FOLLOWING TYPES O	F DISPOSITION	
1 BURIAL (IN	CLUDES ENTOMBMENTI	5 DISINTERMENT AND E	BURIAL (INCLUDES		IT AND REINTERMENT OF CREMATED CLUDES INURNMENT)
	N. AND BURIAL (INCLUDES INURNIMENT)	6 DISINTERMENT, CREM (INCLUDES INURNMEN	IATION, AND BURIAL	9 DISINTERMEN	OT OF CREMATED REMAINS AND
☐ 3 CREMATION CEMETERY ☐ 4 SCIENTIFIC		7 DISINTERMENT, CREM OTHER THAN IN A CE	ATION, AND DISPOSITION METERY	FOR CORONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY WE	HERE REMAINS OR CREMATED I	REMAINS ARE TO BE INTERRI		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WI	이번 이용에 하게 있어 이렇게 살았었다면 나는데, 그리고 있다면 하게 먹다	6-10-86	SIGNATURE OF PER	ASON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	ne. Or other description su	OFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrests	lent under provisions of the l spass and nuisance laws ap	Health and Safety Code, ply and understand that	SIGNATURE OF APP DATE SIGNED	PLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	EANDISTHE 2 06	AID DATE PERMIT ISSUED	SIGNATURE OF LOC	PUCCO VIC. D. JSF
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY, THAT THE SPECIFIED STORY ON WAS MADE ON SEN	TER DATE	OF PERSON IN CHARGE OF	SPOSITION L	ICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	Ban Mateo Counth 225 W. 37th Ave.,	Health Dept.	O 4. 94403		*

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, su	bject to your rules and requiation	s, to inter the remains
of Donna M. La	wless 00,	
ins Ashvault F	uneral, date, time Tile 1730	+3PM.
Church, Chapel, Graveside Status	ide Rober	Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day or an extra	
agd billed to undersigned. War time veteran	4	citarge will be appried
and bined to dindersigned, year time veteran	. ~	M
Lot Grave Row	Section Divisi	on/Block
Grave space & Care Fund Gamed	0-508-To. Lewel	w
Additional spaces and care fund		none
Opening/Closing & Setup		1050
Burial Container Countrach Vo	rult	4000
Handling Fees		60-
Flower vases - Marker setting fee		····· <u> </u>
Recording and filing fee		<u>3</u> 5°
Sales)taxes		24
ellog	Total Due	242.40
Daywite Paid	receipt number 33577	100.00
60 Ga Mary	2/21/09	nce due 142.40
, All	nt.	142.40
I hereby certify I am the	of the a	bove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	rand lagree to hold Mt. Hope Ce	l certify and represent metery harmless from
	Mar. M.	1 6 100
I hereby authorize the interment in lot I hold under deed.	Same	· Cuarry
September 1990 and 19	2444 70	capour
Signature of recorded holder of deed	CG.	93/0
	881-07	7/
	282-	2381
P 0070	Invoice #	3885
Work Order # E 6056	Acct. # 0185	510
PY-583 (REV. 8-86)		

W.O. NO. E6055.

TRAIGHT	NOTE-S	10
_, California, July 25- 1982	San Diego,	s 142 m
ate, for value received, the undersigned maker(s) promise(s) to pay to	y or San Diego City	Mt. Hope Cemetery
or orde	, San Diego, CA 9210	at 3751 Market St.
at 4/20 DOLLARS	11111+4	the sum of One Her
on the unpaid principal at the rate o	rannum, payable on deman	with interest from
like interest as the principal. Should default be made in payment of shall become immediately due, without notice, at the option of the cated above. Principal and interest are payable in lawful money of the nsents to renewals, replacements and extensions of time for payment and protest and the right to assert any statute of limitations. A married this her separate property for any obligation contained herein. If any such sum as the Court may fix as attorneys fees.	I when due, it shall thereafter bear if um of principal and accrued interest if maturity will accrue at the rate indicate jointly and severally liable and cory, and waives presentment, demand against that recourse may be had against	Should interest not be paid wi interest when due, the whole sum holder of this note. Interest after m United States. Each maker will be interest before, at or after maturity, a person who signs this note agrees.
ERY OFFICE Mailing Address	S AT MT. HOPE CEMETE	MAKE ALL PAYMENTS

OFFICIAL RECEIPT CITY OF SAN DIEGO, CAUFORMA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANASTY CEMETERY 3357.7 MOUNT HOPE CEMETERY PINK AUDITOR
GOLDENROD RETAIN 364-3151 SUL 30 30 Division Block Grave HOT VALID FOR PURIS invoice No 80% Sales 77184 Acct. No. Unpeld Balanca after this Payment Recording fees or misc. service fees Pre-Need On Acct 80101 Salas Tax TOTAL PAID AC-212 (Rev. 8-85)

PERMIT FOR SPOSITION OF HIMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Τ		SEX	DATE OF BIRTH	DATE OF DEATH
DOME	a maye lawless		Penale	Peb. 2,	1905 July 23, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY (OR S	STATE IF NOT IN CALIFORNIAL		RESS OF SPOUSE OR OTHER INFORMANT
Sen :	Diego	Sem Diego			ms - Daughter
NAME AND ADDRES	SS OF FUNERAL DIRECTOR IOR PERSON AC	TING AS SUCH) CAL	IFORNIA LICENSE NUMBER		recent Ave.
Rogers Mort	uary-1091 University	tveSan Diego	69	Sen Dies	go, CA
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION	
1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BUR ENTOMBMENT)	IAL (INCLUDES		NT AND REINTERMENT OF CREMATED NCLUDES INURNMENT)
2 CREMATION AND BURIAL IINCLUDES INURNMENTS 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		6 DISINTERMENT, CREMATI (INCLUDES INURNMENT)	ON, AND BURIAL	9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	
		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY D 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED REM 751 Harket St Se	AINS ARE TO BE INTERRE	2102	COUNTY See Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMATE		SIGNATURE DE P	SON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine, or other description suffi	CIENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECI	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unresh	dent under provisions of the Hec espass and nuisance laws apply	alth and Safety Code, and understand that	SIGNATURE OF AND DATE SIGNED	PPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	DATE PERMIT ISSUED	SIGNATURE OF LO	CAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED JUL DISPOSITION WAS MADE ON	3 0 1986 SIGNATURE OF	PERSON IN CHARGE OF C	HSPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSEH, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE. COPY 3 MAY BE DISCARDED THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/25/86

^				
You are hereby authorized and instructed, sub	ject to your rule	s and rearry	tions to inte	r the remains
of gaby sim	mons	-(4	0//	
in a Fu	neral, date, tim	ie Mon	- P8/	10AM
Church, Chapel, Graveside	ZL	Hay	dale	Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work	davorana	xtra charge w	vill be applied
and billed to undersigned. War time veteran		(2-1	2)	ээ орр
and bined to undersigned, war time veteral		6		
Lot 942 Grave Row	Section _		ivision/ Bloc	× 4
1.	. 0 -		600	50E-0
Grave space & Care Fund	nausy		20	4917
Additional spaces and care fund				3 00
Opening/Closing & Setup	,		, , , , , , , , , , ,	20-2
Burial Container (Ready Way) N	ONE-			
Handling Fees				-
Flower vases - Marker setting fee				
				35,00
Recording and filing for	**********			
Sale tax P.A.I.			*********	1110
wife 070 (316)	I	otal Due		102
JUL 28 laid re	eceipt number .	3341	7	119
MT. HOPE CEMETERY			Balance due	0
MT. HOPE CHEGO, CALIR				
and the is your authority to make disposition	of remains as a		he above nar	
that I have the right to make this authorization any liability on account of said authorization is	and lagree to	nold Mt. Hop	e Cemetery h	armless fron
any liability on account of said authorization i	and interment,			
I hereby authorize the interment in lot I				
hold under deed.	Signature			
Signature of recorded holder of deed	Address		500000000000000000000000000000000000000	
and residue to the second subset of these	State			Zip Cod
	Talaphone			
	Invoice	#		
Work Order # E 6057	Acet. #			
PY-503 REV. 8-95)	(C. C. C			

OFFICIAL RECEIPT

to	A SOLD	
18		A
91	67 T	
	15.6	
0	4	7

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

33579 No

GOLDENROD RETAIN	264-3181	4/-1	2/	
	- 1-100	Date: 1/28/8	15	9
From Cakuson Kagakal Mo	deen Address 5050 Federal -	12 92102		33
Dry Hambul Letter	21/05	Dollars (8	11500	-
In Sell Payment of An	terment of Cremains	d		Me
ayon	dela Simmon &	w	STEE SAT	BEL
LOT 942 (WW) Grave		ection	Division C	7
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 87007 20% Sales Care 77184	10	100
Acct No.	JUL 30 BOOK	80% Sales 100 of Lots 77184	40	00
w.o. E-6057	JUL 20 TIOD	Openings & 100 Service Charges 77181	20	00
Unpaid Salance after this Payment	No.	Buriel 100 - Containers 77182 _	7. 7.30	
	00	Recording fees or 100 miss, service fees 77163	35	on
Pre-Need At Need On Acct	W 2111	Solos Tex 80101	Marie Color	100
AC-212 (Rev. 8-05) 657/	ISSUED BY LOUIS THE	TOTAL PAID	1/5	00

PERMIT FORDISPOSITION OF HUIL REMAINS

NAME OF DECEDEN	т		SEX	DATE OF BIRTH	Qy 3	DATE OF DEATH	9.7
	AYCHMIA SIMON	8	Female	July 1	9, 1986	July 19	, 1986
PLACE OF DEATH—CITY OR TOWN		PLACE OF DEATH—COUNTY ION	PLACE OF DEATH—COUNTY IOR STATE IF NOT IN CALIFORNIA)		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT		
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PERSON AC		LIFORNIA LICENSE NUMBER		erkeide ego, Cal	Street Ifornia	92139
	TYPE OF PERA	AIT, CHECK ONLY ONE OF TH	E FOLLOWING TYPES O	F DISPOSITION			
T BURIAL (IN	ICLUDES ENTOMBMENT)	5 DISINTERMENT AND BU	RIAL (INCLUDES	8 DISINTERI REMAINS	MENT AND REI	NTERMENT OF CE	EMATED
2 CREMATION AND BURIAL (INCLUDES INURNMENT)		6 DISINTERMENT, CREMA	TION, AND BURIAL	9 DISINTERI DISPOSITI	MENT OF CREM	ATED REMAINS .	AND RY
☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC		7 DISINTERMENT, CREMA OTHER THAN IN A CEM	TION, AND DISPOSITION LETERY	FOR		'S USE ONL'	•
INTERMENT	NAME AND ADDRESS OF CEMETERY W		MAINS ARE TO BE INTERRI		COUN	Sen Die	90
CREMATION	NAME AND ADDRESS OF CREMATORY	HERE BEMAINS ARE TO BE CREMA		SIGNATURE	1/1/4	TARGE OF CREMA	TORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUF	FICIENT TO IDENTIFY FINAL	PLACE AND COL	INTY OF DISPO	SITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT OF APPLICANT This is to certify that I am the person having the right to control remains of the above named decedent under provisions of the He- and I hereby acknowledge that trespass and nulsance laws apply this permit gives no right of unrestricted access to property not ewi		ealth and Safety Code, y and understand that	b				
APPLICANT	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ricted access to property not ev	vned by me.	8			
LOCAL REGISTRAR	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	PROVISIONS AMOUNT OF FEE PAIL	DATE PERMIT ISSUED	SIGNATURE	LOCAL PERST	PA ISSUING PER	12
LOCAL	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	PROVISIONS AMOUNT OF FEE PAU DE AND IS THE INTHIS PERMIT	JUL 2 5 198	6 - 100	LICENSE NI	ISSUING PER JAMBER OF CREMA IF APPLICABLE	TED REMAINS

APPLICABLE, COPY 3 MAY BE DISCARDED THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

dog sign

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

		Da	to 7/28	186
You are hereby authorized and	d instructed, subject	to your rules and r	gulations, to	the remains
of Meations	FIRE	wooden	1	0:00
in a	Funera	I, date, time	When D	alwent of
Church, Chapel, Graveside	Duply.	- , <u>P.P.</u>	from S	Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m. of re	gular work day or	en extra charge	will be applied
and billed to undersigned. Wa	er time veteran W	W2-navy	roffer	
21 1		2	3100	1
Lot ST Grave	Row	Section	Division/	ack 6
Grave space & Care Fund	Rus	0.0		
A CHARLEST WAY LAND ON THE STREET COMMISSION OF THE STREET, ST		Par	20.	·
Additional spaces and care fu	nd	account of	ns. Chimae	James
Opening/Closing & Setup				105.00
Burial Container				40.00
Jandling Fees				60.00
Flower vases - Marker setting	fee	******		
Recording and filing fee				35.00
Sales taxes			i (1940), detekkeletekse. Obsa inganoryo sabor.	2.40
remain to go	001141	98890000		2424
Marin to		Total Du	100	242 40
mit of from	Paid receip	t number	400	210
	0 1 .		Balance du	e
Process of the second	Joty		7.00000 PMC000000	
I hereby certify I am the and this is your authority to m	ake disposition of re	mains as above in	dicated, I certif	named decedent fy and represent
that I have the right to make th any liability on account of sak	is authorization and d authorization and i	l agree to hold Mt. nterment.	Hope Cemeter	y harmless from
West and the second of the sec		ca '	-11-	D
hold und maked	in la I	Surveyore	1.10a	enon
HONG WINDS AND THE	ソト	3959	Ban	dinis
Signature of recorded holder of deed	111	30,19	Treas	Ca934
JUL 28 193	2	(1010)	20151	700
MT HADE CEMET	201	Temphone	-,-	/
CITY of SAN DIROG.	ALIR			
E 6058		Invoice #		
Work Order # E UUJO	. 0	Acct. #	1 .01	
C ()	0 (1) (000)	Connect	to Called	200

THEODORE E. TRELITLEIN



BAYVIEW CHAPEL

Successors to

BERKELEY HILLS CHAPEL

2414 Martin Luther King Way Berkeley, Ca 94704

Marvin L. Neveu General Manager

841-2300

E6058

		UUU.			
	OFFICIAL RECEIPT WHITE TO CUSTOMS CANARY CEMETER PINK AUDITO GOLDENROD RETAIL	204-3151	Nº 7/2	33580	9
*	In July Payment of	forther of Oumain	Dollars (*	3424)
	Lot 24 Grave	The state of the s	Section	Division /	2
	Acct. No. F 6058 Unpeid Balance after this Payment	PAID IN THIS WAY AUDITOR 1981	80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Surial 100 Containers 77182	105	00
	Pre-Need At Need On Acci		Conteiners 77182 Pleocreting fees or 100 miss, service fees 77183 Sales Yes 9030	95	40
	AC-212 (Box. 8-85) 502	ISSUED BY CONTINUE LEW	TOTAL PAID .	242	40

PERMIT FOR ISPOSITION OF HUISAN REMAINS





USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	π	NO CHARLESTON STANCES	SEX	DATE OF BIRTH	DATE OF DEATH	
	Theodore E. 7	[reutlein	Male	12/25/06	7/25/86	
NAME AND ADDRES	CITY OR TOWN EXTENSION SS OF FUNERAL DIRECTOR FOR PERSON AG	PLACE OF DEATH—COUNTY Alameda Ting as suchi	CALIFORNIA LICENSE NUMBER		Avenue CA 94707	
	ayview Chapel, Ber	reley	446			
	TYPE OF PERA	NIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION		
1 BURIAL IIN	ICLUDES ENTOMBMENTI	5 DISINTERMENT AND ENTOMBMENT)	BURIAL UNCLUDES	8 DISINTERMENT AND REMAINS (INCLUDE	REINTERMENT OF CREMATED S INURNMENTI	
	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CHEM			CREMATED REMAINS AND R THAN IN A CEMETERY	
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		7 DISINTERMENT, CREM	MATION, AND DISPOSITION	FOR CORONER'S USE ONLY		
A SCIENTIFIC	4 SCIENTIFIC USE OTHER THAN IN A CEMETERY		EMETERY	☐ 10 DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W			138	OUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREA	MATED DATE CREMATED	SIGNATURE OF PERSON	ONT ()	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine, or other description s	UFFICIENT TO IDENTIFY FINAL		DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS		0.1		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tru this permit gives no right of unrest	dent under provisions of the espass and nuisance laws ap	Health and Safety Code, oply and understand that	SIGNATURE OF APPLICAN DATE SIGNED	it .	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFED II	PROVISIONS AMOUNT OF FEE P		SIGN WAS OF LOCAL RE	STREET ISSUE PERMIT 24.0	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED BISPOSITION WAS MADE ON		OF PERSON IN CHARGE OF		E NUMBER OF CREMATED REMAIN: SER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	Berkeley, C	94704		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

4%		1	
the	nee	d	
)
tru	at 1	car	
Your	rehereby	authorizo	dan

reneed	City of S	San Diego	10001	
ustgar		D	Tate 1-28-86	_
You are hereby authorized and	instructed, subjec	t to your rules and	regulations, to interthe rema	ains
of faul T. Ma	nen +	Kosey	J. De Souz	a
in 8	Fune	ral, date, time		
Church, Chapel, Graveside			Mortu	uary.
All Funeral cars must arrive be	fore 3:30 p.m. of 1	egular work day o	r an extra charge will be app	lied
and billed to undersigned. War	time veteran			
32/1		Prodection and Prodection	11	5
Lot 2010 Grave	Row	_ Section	Division/Block	_
Grave space & Care Fund	2434 7	nence	d	-
Additional spaces and care fun	id		2.62	
Opening/Closing & Setup E	-2435/4	23000)	320 410	0
Burial Container . Daus	ale Or	10t (57.	240) + 9º	74
landling Fees	917 . 6 6	239		
Flower vases - Marker setting	2AIL	9		100
Recording and filing fee			70	0
Sales taxes	AUG18 /9	84		250024
MT.	нере семет	EPR Total D	577	4
gra env	A SAN DIEGO,	Abril 3	3662 577	4
112:40	~	121	Balance due -6	>_
7 8.8	, 1	,01		
hereby certify I am the	disposition of	none se shove i	of the above named dece	deni
that I have the right to make this any liability on account of said	authorization an	egree to hold M	t. Hope Cemetery harmless f	ron
	S. C. L. C.	-	0 + 04.	
hereby authorize the interment hold under deed.	nt in lot I	Signature	1. March	_
nord diluter deed.		4142-47	nd, 5% 1008	Sir Si
Signeture of recorded holder of deed		Suy De	190 921	10:
		5-8:4	14543	50050
		NOVE 12		
Ecoro		Invoice #		
Work Order # E 6059		Acct. #		

- Amounts are the difference fetween non guaranteed amounts previously Jail -Deposit to Preneed quest account.

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 pervices 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 CAMARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33662

Hoult Muso	6. 414: -45 md	Date: 08-16	3 7:10 T
fene duntred se	wenty even and	40/100 Dollars (\$_	57740,
In Payment of MA	uja muce	for a	7
Lot 3 2 6 0 Grave	THE RESERVE OF THE PARTY OF THE	ection	Division / O
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Siese Cers 77184	
Acct. No	CITY, AUDITOR	90% Sales 100 of Loss 77184	Nun ac
Unpaid Balance	ALL MUNICIPALITY	Openings & 100 Service Charges 77181	700
after this Payment	AUG 20 1986	Rurial 100 Containers 77182 Recording fees or 100 misc. service fees 77183	7000
Pre-Need At Need On Acct	à c	Reisc. service fees 7/163	
Ck Cash Ll AC-212 (Raw. 8-85)	ISBUED BY 12 . GO ONG	TOTAL PAID	57740

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/28/86

You are hazel@authorized and instructed, so	utject to your rules and regulations,	to interthe remains
Elmira 3	Learn	to inter the remains
0.0.00111	Funeral, date, time Thur-	11Am 7/21
Vault/Liner d	JA-9/2 Day O	.0.
Church, Chapel, Graveside	Tea: mapa	Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra ch	narge will be applied
and billed to undersigned. War time veteral	n_ <i>M0</i>	
Lot 121 Grave 12 Bow	Section 2 Division	n/Block_/2
Lot 13-1 Grave TR Row	Section Division	IV BIOCK VO
Grave space & Care Fund	Double Cuffet	49500
Additional spaces and care fund	for 2 being	****
Opening/Closing & Setup		320°°
Burial Container		>320°
Handling Fees		1 330c
Flower vases - Marker setting fee		
Recording and filling fee		30
are promised to the		19.80
Sales taxes		1519.80
of all	Total Due	1200 00
Paid Paid	receipt number 34303	210 500
(Balanc	e due 95 / 7 · 840
I hereby certify I am the	ale adole — La	ove named decedent
and this is your authority to make disposition	on of remains as above indicated. I	certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and interment.	etery narmiess from
A 98" (10 A 2000 - 10 A 2000 A	14,5,00	uca -a
I hereby authorize the interment in lot I hold under deed.	Signature Co ALE	40 37
	Address CO YO	*
Signeture of recorded holder of deed	State	Zip Code
	Talaphona	Cocyonia
	nula	-cul
F 0000	Invoice #	887
Work Order # E 6060	Acct. #	11

		S. A. S.			
	OFFICIAL RECEIPT WHITE TO CUSTOMER CANADY CEMETERY PINK GOLDENROD RETAIN	CITY OF SAN DIEGO, CAUFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº	33585	
	From: Why Hearn, fr.	Address: 1465 & 450	Dets: #28	186	9
	In Part Payment of And	terned feel + loub	a Ougst fo	·	18
٤,	Lot _/21 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TAID' IN THIS SPACE	CREDIT 67007 20% Selse Care 77184	Block 1	2
	W.O. E-6060 Unpaid Balance 3 19 00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED TAID' IN THIS SPACE ITY. AUDITOR	80% Salas 100 of Late 77184 Opendings & 300 Service Charges 77181	396	coc
	Pre-Need At Need On Acct		Recording from or 100 miles, service flag 77183	330	20
	Ck Cash Q	1890ED Soy en Stort	Seles Tex 8020 TOTAL PARO 6	1200	00

PERMIT FOR POSITION OF HEAN REMAINS



NAME OF DECEDENT			SEX	DATE OF BIRTH	
مخ	ELMIRA HRAB	X	Female	Nov. 18, 1924 July 25	, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY Sen Diego	IOR STATE IF NOT IN CALIFORNIA	NAME AND ADDRESS OF SPOUSE OR OTHER	bendesi
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragadale Mortuszy		CALIFORNIA LICENSE NUMBER 1329	1464 South 45th Street San Diego, California 92113		
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION	
1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL INCLUDES	B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
2 CREMATION AND BURIAL (INCLUDES INURNMENT) 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		6. DISINTERMENT, CRE		9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY FOR CORONER'S USE ONLY 10. DISPOSITION PENDING	
		7. DISINTERMENT, CRE	MATION, AND DISPOSITION CEMETERY		
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED	Market Street Control of the Control	STATE AND DESCRIPTION OF THE PARTY AND ADDRESS	ego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATE			SIGNATURE OF PERSON IN CHARGE OF CREM	MATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	-/A	INE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			

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

AMOUNT OF FEE PAID

This is to certify that I am the person having the right to control the disposition of the

remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposs and nuisance laws apply and understand that

this permit gives no right of unrestricted access to property not owned by me.

(ENTER DATE)

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS

OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE

AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

I CERTIFY THAT THE SPECIFIED

DISPOSITION WAS MADE ON

ACKNOWLEDGMENT

APPLICANT

LOCAL

REGISTRAR

CERTIFICATION

OF PERSON IN CHARGE

OF DISPOSITION

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY LICENSE NUMBER OF CREMATED REMAINS

SIGNATURE OF APPLICANT

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

DISPOSER, IF APPLICABLE

DATE SIGNED

DATE PERMIT ISSUED

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

PAID INVOICE REPORT BY DEPARTMENT AS DF 08/28/86

DATE: 08/28/86 TIME: 223430 PAGE: 4

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

NO INA	DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	DRG	ACCT	1/0	PAYM DATE OPER		PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
045884	08/07/86	018311	WILL IAM	HEARN.	JR	77183	0000	08/22/86	4	306CASH	319.60	319.80	PAID IN FULL

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

319.80



8778108/26/86 8778108/26/86V P 8778108/26/86 08/26/86 8778 1 08/26/86 8778 1

319-80 WATER 319-80-WATER 319-80 INVS 319-80- CH

E6060

-OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN

CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33672

		Date: 08-2	2 19/	6
Three number	Vinction and 301	T . Collers (0.	31930	1
In Payment of	louis Main	Mercie		
Lot 121 Grave	Aow *	Section	Division /	
Invoice No. 045 884	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 80% Sales 100		177
W.O. E - 6060	3 .001	80% Sales 100 of Lots 77184		
Unpaid Balance after this Payment	1700	Buriel 100 Containers 77182		
Pre-Need At Need On Acct	0	Recording fees of 100 misc. service fees 77183 80101 Selec Tex 8020		
Ck Cash Ac-212 (Rev. 8-85)	SSUED BY & nang "	TOTAL PAID .	319 7	6

. HOPE CEMETERY RMENT ORDER City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the rema eral, 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 WWZ-army and billed to undersigned. War time veteran . Section . Grave space & Care Fund Opening/Closing & Setup Flower vases - Marker setting fee Recording and filing fee Sales taxes 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. Invoice # Work Order Acct. #

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording feet are not guaranteed prizes. At the time of burial, when the above pre-need services are utilized, an adultical payent, it is above, 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 ALDITOR GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33586

GOLDENIOU	24-316	Date: 7-28-8619
From normand Touth Ma	Ele soons 640 D are	n.C. 92050
One Hundre Routes	want no	Dollars (#
In feel Shapment of	e need trust for	Cleman to go
ento 4246-	Transferd E-30	214 also -
LOT 4246 Grave_	Row	Section Division 10
Invoice No.	NOT VALID FOR CAPAGE STATED LINLESS STAMPED "PAID" IN THES SPACE TO AUDITOR	CREDIT 57007 271 84
Acct. No.	JUI TUDITOD	80% Sales 100 of Late 77184
W.O. E-9061 Unpaid Balance	JUL 30 BOSSE	Desnings & 100 Service Charges 77181
after this Payment	200	Buriel 100 Containers 77182
Pre-Need At Need On Acct	1 m had	Remording fees or 100 miso, service fees 77183
Ck Cash 🗆	S. MAN	Sales Yam 8050
AC-212 (Nov. 8-88)	IBSUED BY WIND AND AND AND AND AND AND AND AND AND A	101AC HAID 114 100



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Dead

6329

8/13/1972

OWNERSHIP	AND	INTERMENT	PRIVIL	EGES
-----------	-----	-----------	--------	------

TO Norman J. &	Dorothy L. Miller	for the sum of \$ 315.00	(DOLLARS)
		(normal size grave). (double ash plots).	
AS DESCRIBED ON P	URCHASE ORDER NUMBER	D-2038	

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

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

12" x 24" single flush markers each gave.

Cemetery Manager

E6061

Director of Parks and Public Facilities

PW-584 (REV. 5-70)



THE CITY OF

v diego

PROPERTY

on this 25th day of July 1986

We have agreeded to the gollowing items:

Morman & Horothy Willer are releasing 4245- In 10 to mt. Hope for credit twood pre-tunting Their own

encuments.

We are transferring to them for their own usage Trust set up on WOE-5214 and by Rev# 33586 The miller now have two(2) environments pravile

They have signed gunchelain deed to 4245-10.

Leonetey mgr.

	NORMAN J. DOROTHY L.	MILLER	0	0	901
ے	NATIONAL CITY	477-0576 CA 92050	July	2819 00	90-49/1222
AY TO THE	mount	Dope Co	metery	\$ 114	100
ne h	undred	fourtee	n and m	100	POLLARS
CALIFORNIA	A NATIONAL CITY OFFICE 22 Foat 8th Shoet P.O. Box F	/			
Page T SAN	eNational City, California S	2080-0056 6067	D +1	05	
IMO IT AL	e- Kelessiv.	W TOLAN	- Norona	40.11	ulle

July 26, 1986 Mount Hope Cemetery City of San Diego San Diego, Ca. Gentlemen: Due to Change in plane I will not be Reeding the pre-need plan I applied for on Sept. 12, 1985 - W.O. Ao. E 5214; receipt No. 32782, in amount of \$24600. Ver our telephone conversation, would appreciate if you would credit the amount of \$246 to my favents accounts. Thank you wary much. Douglas of MILLER Danglas of Miller Refer: NORMAN J. + DOROTHY L. MILLER 640 "D" avenue DEED #6329 Nacional City, Ca. ADDRESS; SAME

THE CITY OF SAN DIEGO PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

l agreement
othy L. Miller
to THE CITY OF SAN DIEGO, a Municipal Corpora-
a, described as follows: Let 4245 Severalle grave —
cribed quitclaimed property unto the said THE CITY
x Foresay & Miller x Dorothy & Miller
, 19, before me
, a Notary Public in and for said County and State,
personally appeared
known to be the person described in and whose
ent and acknowledged to me that executed
eunto set my hand and affixed my official seal at my ifornia, on the date first above written.
Notary Public in and for said County and State

E6061

MT. HOPE CEMETERY

INTERMENT ORDER

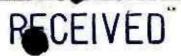
City of San Diego

#13227

7-28-86

You are hereby authorized and instructed, subject of	ject to your rules and 559-86 neral, date, time	regulations, to int	er the remains
Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m.	W. Al	stune	Mortuary
and billed to undersigned. War time veteran		an extra charge	Will be applied
Grave space & Care Fund	Section	Division/Blo	ck_/_
Additional spaces and care fund	7		
Opening/Closing & Setup			40
Burial Container			
Handling Fees			
Flower vases - Marker setting fee			
Recording and filing fee			
Sales taxes		ue	1450
	ceipt number		
edy	70.40.W2.W2.	Balance due	
		SURVEYORS ESTORED INVE	o servicia nativo a teratorio
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liebility on account of said authorization a	and lagree to hold Mi	_ of the above na ndicated. I certify t. Hope Cemetery	and represen
heraby authorize the interment in lot I hold under deed.	Sur	A Ruy	ffen
Signature of recorded holder of sleed		Ca 90	2/23
F 0000	Invoice #	04663	8
Work Order # E 6062	2000	000-5	

140.00 50.00 17151 6.0012 77164 000072 040836 49/01/00 40432 CHUNTY OF SAN DIEGO -E 6062



PERMIT FOR POSITION OF HEAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	17	and the state of t	SEX	DATE OF BIRTH	DATE OF DEATH POURD
John Doe			Male) SWESTER ASSOCIATION OF THE	March 10,1986
Alpine	CITY OR TOWN	PLACE OF DEATH—COUNTY San Diege	IOR STATE IF NOT IN CALIFORNIA)	The state of the s	OF SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR FOR PERSON A OCIETY 14065 Hwy 8 Bu		CALIFORNIA LICENSE NUMBER P-1352	5555 Overla San Diego,	
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES O	F DISPOSITION	
1. BURIAL UN	ICLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	B DISINTERMENT AF	ND REINTERMENT OF CREMATED DES INURNMENT)
CONTRACTOR CONTRACTOR CONTRACTOR	N AND BURIAL IINCLUDES INURNMENT)	B. DISINTERMENT, CREI			F CREMATED REMAINS AND HER THAN IN A CEMETERY
3 CREMATIO CEMETERY 4 SCIENTIFIC		7, DISINTERMENT, CREE	MATION, AND DISPOSITION EMETERY	FOR COR	ONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY I	WHERE REMAINS OR CREMATED	REMAINS ARE TO BE INTERRE	200	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	WHERE REMAINS ARE TO BE CREM	MATED DATE CREMATED	SIGNATURE OF PERSO	N IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF	F DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE-	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pr remains of the above named dec and I hereby acknowledge that the this permit gives no right of unres	edent under provisions of the resposs and nuisance laws a	Health and Safety Code, pply and understand that	SIGNATURE OF APPLICE DATE SIGNED	ANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	DATE PERMIT ISSUED	SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY DIAT THE SPECIFIED OF THE STRIP OF THE SPECIFIED OF THE SPECIFIE	SIGNATU	OF PERSON IN CHARGE OF	DISPOSITION LICE DISP	NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	a	100	E

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

E606Z

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case
#13234

of Manganet of	ubject to your rules and regulations, to inter the remain
in a Valetian ()	Funeral, date, time Tan 8/1 /100
Church, Chapel, Graveside Cop 0	ff : Thetune Mortua
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an extra charge will be applie
and billed to undersigned. War time veterar	
119 7	-1 - 12
Cot Row	Section Division/Block
Grave space & Care Fund	H .y <u>53</u>
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	2+71+2+7474.6+111111111111111111111111111111111111
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
	Total Due
~ #1/	
alled by Paid	receipt number
n //	receipt number
A //	
udy I hereby certify I am the	Balance due of the above named decede
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Balance due of the above named deceder on of remains as above indicated. I certify and represent and interment. Signature Signature Of the above named deceder on and i agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Balance due of the above named decede on of remains as above indicated. I certify and represe
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe on and lagree to hold Mt. Hope Cemetery harmless from and intermediat. State Ountly Aggling State Day 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
I hereby certify I am the	Balance due of the above named decede on of remains as above indicated. I certify and represe on and lagree to hold Mt. Hope Cemetery harmless from and intermediat. Signature Ountly Agree Ountly Signature Ountly Signature Ountly Signature Ountly Signature Ountly Ou



PERMIT FEDISPOSITION OF HUMB REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

	22		1020	Turius avenue	1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
NAME OF DECEDENT			SEX	April 13,19	DATE OF DEATH 56 July 18, 1986
Margaret Yo			Penale	The rate of the state of the st	
		PLACE OF DEATH—COUNTY	IOR STATE IF NOT IN CALIFORNIA	아니는 이번 보기가 되었다면 모양하는데 하다면 되었다.	F SPOUSE OR OTHER INFORMANT
El Cajon		San Diego		Public Admin	
	S OF FUNERAL DIRECTOR FOR PERSON AS CIETY 14065 Hwy 8 Bus.		CALIFORNIA LICENSE NUMBER P=1352	5201-A Ruff: San Diego,	500 PM 100 PM 10
	TYPE OF PERA	WIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES	OF DISPOSITION	
1. BURIAL IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL IINCLUDES	B. DISINTERMENT AN	D REINTERMENT OF CREMATED ES INURNMENTI
2 CREMATION	N AND BURIAL INCLUDES INURNMENT)	6 DISINTERMENT, CRE		9 DISINTERMENT OF DISPOSITION OTHE	CREMATED REMAINS AND
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREMATED 3751 Harke		VESTO	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED			SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby admowledge that trespose and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not ewned by me. SIGNATURE OF APPLICANT DATE SIGNED			100	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORISMS OF THE DISPOSITION SPECIFIED I	DE AND IS THE 2 OO	~ 10F 3 0 188	· Abrall &	ROW MA
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		NER DATE	OF PERSON IN PHANCE OF	DISPOSITION LICEN	SE NUMBER OF CREMATED REMAINS ISER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	a	***	

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

100	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN From: CANARY TO CUSTOMER AUDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 33886 Date: 11-4-86 19
Code, 6	in SOL Payment of SU Sub-CYLL-9- Grave_	The same of the sa	Dollars (\$ 27) AND A 446 ER - Son # 15 in The section Block
11/2 Z	Acct. No. COGS W.O. Unpaid Balance after this Payment	MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREOT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Buriel 100 Containers 77182 Recording tess or 100
	Pre-Need At Need On Acct Ck Cash C	BSUED BY L'AMY	Recording fees or 100

CITY TREASURER SAN DIEGO, CA. CHAIA

0111/05/86		145.00	INVS
70111/05/86		145.00	INVS
70111705/86		145.00	INVS
-0111/05/86		145.00	INVS
0111/05/86		145.00	INVS
2 01111/05/86		73.00	INVS
The state of the s	1	798.00	TL
/05/86 5870	9	. 798.D	O- CH
705/86 5870	1	* .0	O BA

E6063

040639 6-106/60 600532 CLUNTY OF SAN DIEGO V

17161 0:00 12 1705/60 UK

90.00 90.00 90.00

14 3. 46 PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-29-86

or Layero Si	manay Costro	21-
in a Vent (inse	ral, date, time (US) 0/5 o	2:0
Church, Chapel, Gjaveside	: Kagodale M	ortuan
All Funeral cars must arrive before 3:30 p.m. of	regular work day of an extra charge will be	applie
and billed to undersigned. War time veteran _		
114 0	2	11
Lat 47 Grave Row	Section Division/Block	/
	-75	70
Grave space & Care Fund		
Additional spaces and care fund		- 0
Opening/Closing & Setup	32	00
Burial Container	100	00
Handling Fees	- 14	50
Flower vases - Marter setting the	7	0
Recording and filing fee ATTC 5		1
Sales taxes	· · · · · · · · · · · · · · · · · · ·	2
MT. HOPE CEMETE	Total Due & &	6-
29-86 GIT ASAN DECO,CA	33590 25	00
X1 02	Balance due (a)	1/2
	33616- 60	26
hereby certify I am the	of the above named	_
and this is your authority to make disposition of that I have the right to make this authorization a	remains as above indicated. I certify and the	DIESE
any liability on account of said authorization an	d interment	A TO
	Wellen man l	6
hereby authorize the interment in lot I	Signature N	UX
noid under deed.	8005 2HV	<u></u>
Signature of recorded holder of deed	CIA	1000000
	State 0 73 9 CD	700
	Telephone 90075	-
	Invoice #	
Wast Order # E 6064	PARTICIPATION AND ADDRESS OF THE	
Work Order #	Acct. #	_

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK ALDITOR GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33590

		Date: 7-2	7	.86
From: Ballo III. ask	tyand molio	Dollars (\$	2500	2
Lot 44 Grave	7 Row	Section	Division /	1
Invoice No.	NOT VALID FOR EMOSE STATED UNLESS STAMPED AUG 05 1990	CREDIT 87007 20% Sales Care 77184	50	100
Acet. No.	Alla AUDITON	80% Sales 100 of Lots 77184	200	1 por
W.O. E -6000	05/100	Openings & 100 Service Charges 77181	24512	
Unpaid Balance after this Payment # 16016	1005	Containers 77182	2500016	
Pre-Need At Need On Acct		Recording feet or 100 miss, service feet 77183	100000	300
Ck Cash		Seles Tax: 80101 9020		
AC-212 (Rev. 9-85)	ISSUED BY	TOTAL PAID	050	10

	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN From Selio M. Lipott	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº Dete: Angu	33616
ij	In Payment of Q	NOT VALID FOR PURPOSE BYATED UNLESS STAMPED	ection S7007 20% Sales Cars 77184	Division // Block
	Acct. No. E-6064 Unpaid Balance after this Payment	AUG 07 1986	80% Sales 100 of Late 77184 Openings & 100 Service Charges 77181 Burial 100 Containers 77182 Recording Seas or 100 misc. service fees 77183	320 00
	Pre-Nead At Need On Acct A	ISSUED BY SEQUENTIAL STATES	miec. service fees 77193 80101 8020 TOTAL PAID	60600

-

PERMIT FOR DEDISITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	+	Madel Tolerandon Sande, Suzardición	SEX	DATE OF BIRTH	DATE OF DEATH
LAZARO SANCHEZ CASTRO		Male	Nov. 17,1954		
PLACE OF DEATH	CITY OR TOWN	Management - Andrews	TY IOR STATE # NOT IN CALIFORNIA	NAME AND ADDRESS OF	SPOUSE OR OTHER INFORMANT
	SS OF FUNERAL DIRECTOR (OR PERSON A		CALIFORNIA LICENSE NUMBER	2005 2nd Ave Sen Diego, C	ame alifornia 92102
	TYPE OF PER	MIT, CHECK ONLY ONE	OF THE FOLLOWING TYPES	OF DISPOSITION	
I BURIAL UN	CLUDES ENTOMBMENT)	5. DISINTERMENT A	NO BURIAL IINCLUDES	B DISINTERMENT AND REMAINS IINCLUDES	REINTERMENT OF CREMATED (INURNMENT)
	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT,	CREMATION, AND BURIAL	9 DISINTERMENT OF CO	REMATED REMAINS AND THAN IN A CEMETERY
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING	
INTERMENT		3751 Market St	reet; Sen Diego,	Caléfornia	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY V	VHERE REMAINS ARE TO BE O	REMATED DATE CREMATED	SIGNATURE OF PERSON II	N CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	INE, OR OTHER DESCRIPTION	N SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY OF D	SPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pe remains of the above named deci and I hereby acknowledge that to this permit gives no right of unres	edent under provisions of respons and nuisance law	the Health and Safety Code, a apply and understand that	D	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	DE AND IS THE	10100 1		GENERAL ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	NTER DATE!	OF PERSON IN CHARGE OF	DISPOSITION LICENSI DISPOS	NUMBER OF CREMATED REMAINS ER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0	2.5	

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

MT. NOPE CEMETERY

1/36	THE COUNTY OF TH
) INT	ERMENT ORDER
0111	City of San Diego
enood lot) FREEZING CONTROL (CARLES)
meet -	Date 07-29-8
dor	Date 42 / DL 7
You are hereby sushavised and instruct	ted, subject to your rules and regulations, to inter the rema
man of min	noru Tukuda
of All J.	your fundad
in a Veult/Liner	Funeral, date, time
Church, Chapel, Graveside	Mortu
	30 p.m. of regular work day or an extra charge will be app
	MANAGEMENT
and billed to undersigned. War time ve	eteran
5299	SectionDivision/Bleek-
Lot Crave How	Section Division/Black
Company & Company	695
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
opening/ crosing a setup	
Surial Container	AID —
Sector Container	AUS 28 198/a
Surial Container	AUG 2 8 / 986
Buriel Container	AUG 28 / 986
Burial Container	AUG 28 / 986
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. / 986 HOPE CEMETERY YOU SAN DIEGO, CALIE
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8./986. HOPE CEMETERY HOSAN DIEGO, CALIE.
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee CITS Sales taxes	AUG 2.8. / 986 HOPE CEMETERY YOU SAN DIEGO, CALIE
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee CITS Sales taxes	AUG 2.8./986. HOPE CEMETERY HOSAN DIEGO, CALIE.
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee CITS Sales taxes	AUG 2.8. 986 Selected by S
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee CITS Sales taxes	AUG 2.8. 986 HOPE CEMETERY Y of SAN DIEGO, CALIE. Total Due
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. 986. HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. 986. HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due Total Due 33588 Balance due 575 of the above named decements as above indicated. I certify and representations as above indicated.
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CAUE Total Due Total Due 33588 Paid receipt number 33588 Balance due 575 575 of the above named decemple of the above
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CAUE Total Due Total Due 33588 Paid receipt number 33588 Balance due 575 575 of the above named decemple of the above
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	Total Due Total Due Total Due Paid receipt number 33588 Balance due 575 33682 of the above named decertization and lagree to hold Mt. Hope Cemetery harmless in the state of the stat
Buriel Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee CIT Sales taxes 29-86 I hereby cartify I am the and this is your authority to make dispethat I have the right to make this authority is any liability on account of said authority.	AUG 2.8. / 986 HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due Total Due 33588 Balance due 595 of the above named decerorization and lagree to hold Mt. Hope Cametery harmless in the same of the s
Burial Container Handling Fees Flower vasas - Marker setting fee MT Recording and filing fee	AUG 2.8. / 986 HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due Total Due 33588 Balance due 595 of the above named decerorization and lagree to hold Mt. Hope Cametery harmless in the same of the s
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	Total Due
Burial Container Handling Fees Flower vasas - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due J3588 Paid receipt number 33588 Balance due 595 of the above named decerization of remains as above indicated. I certify and represization and lagree to hold Mt. Hope Cemetery harmless in interment. Signature 5/42 Backsank Address 6 2 9 2/15
Burial Container Handling Fees Flower vasas - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CAUE Total Due Total Due 33588 Balance due 585 Societa de San Diego osition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless in the san Diego Ca 9 2/15
Burial Container Handling Fees Flower vasas - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CAUE Total Due Total Due 33588 Balance due 585 33682 Of the above named decervization and lagree to hold Mt. Hope Cemetery harmless to the same of
Burial Container Handling Fees Flower vases - Marker setting fee MT Recording and filing fee	AUG 2.8. 986 HOPE CEMETERY Yel SAN DIEGO, CALIE Total Due J3588 Paid receipt number 33588 Balance due 595 of the above named decerization of remains as above indicated. I certify and represization and lagree to hold Mt. Hope Cemetery harmless in interment. Signature 5/42 Backsank Address 6 2 9 2/15

#11299

OFFICIAL RECEIPT

	4
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自計學性質	
ASSEM!	

WHITE TO CUSTOMER CAMARY. CEMETERY PINK AUDITOR GOLDENROD RETAIN

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

Nº 33588

From Rev & Minou Fu	Puda Address 5142 Greak	Dete: 01.	-2	1 100a 90	15
Instalt Payment of PA	ance on Aubron	Dolla	brs (0_	Division	- 1
Invoice No	NOT VALID FOR PURPOSE STAMPED STAMPED PAID IN THIS SPACE.		7007 7184 100 7184	Block	61
W.O. F - 6005 Unpaid Balance after this Payment 3 5 75 75	n 1986	Openings & Service Charges 7	100 7181 100 7182	100	
Pre-Need At Need On Acct O	70	Recording fees or miss, service fees 7	100 7183 0101 8020	A STATE OF THE PARTY OF THE PAR	
AC-212 (Rev. 8-86)	ISSUED BY	TOTAL PAID		100	10

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33682 MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Grave Section NOT VALID FOR PURFOSE STATED UNLESS STAMPED CREDIT Invoice No. 67007 77184 80% Sales Acct. No. SEP 03 1986 77184 of Lots Openings & Service Charges 77181 **Unpaid Balance** after this Payment 77182 Recording fees or misc. service fees At Need On Acct 80101 Swipe Tex TOTAL PAID AC-212 (Rev. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-86

of	cson
in a Lener	Funeral, date, time 700 8/1/86 11-0
Church, Chapel, Graveside	: Bagalice Mortuar
All Funeral cars must arrive before 3:30 p	p.m. of regular work day of an extra charge will be applie
and billed to undersigned. War time vete	ran
138 - 11 -	Section Division/Block / 2
Lot Grave Row	Section Division/ Slock
Grave space & Care Fund	<u> 373</u>
Additional spaces and care fund	***************************************
Opening/Closing & Setup	200
	1000
Handling Fees	
The same of the sa	1
Flower ase myrky setting to	25
Recording and filing fee	
Sales the AUG 1 1986	10019
THE HARM CHARTERS	Total Due
SET, HOPE CEMETERY, CITY of SANDEGO, CALLE.	d receipt number 5339 1004
Latin and American Control of the Co	Balance due
	ghter
I hereby certify I am the and this is your authority to make disposi	of the above named decede tion of remains as above indicated. I certify and represe
that I have the right to make this authoriza any liability on account of said authorizat	ation and I agree to hold Mt. Hope Cemetery harmless fro ion and interment.
	Cont Nan la
hereby authorize the interment in lot (Signature 12
Gernate Hernandes	1 845 h - 3710
Remitture of recorded helder of dead	State Of a diago
	CA 92/02
9	Total 262-6435
	Invoice #

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN From Taymon Journs In Payment of Au	Address: 845 N-397/	Dere: 8/4 Dollars (1	33597 96 92102 100/2	9
Lot/38 Grave		ection	Division /	2
Acct. No	AUG 05 1905	CREDIT 67007 20% Sales Core 77184 80% Sales 100 of Loss 77184 Oceanings & 100	3/6	00
Unpaid Balance after this Payment	05 1986	Openings & 100 Service Charges 77181 Buriel 7700 Containers 77182 Recording fees or 100 misc, service fees 77183	100	00
Pre-Need At Need A On Acct C Ck Cesh C	ISSUED BY PERSEL	Sales Tax 6020 TOTAL PAID 6	1001	00

PERMIT FOR POSITION OF HEAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	"A" "C" HASON		SEX Male	Pab. 6, 1918	July 29, 1986
	CITY OR TOWN Dice S OF FUNERAL DIRECTOR (OR PERSON AC	PLACE OF DEATH—COUNTY TO See D TING AS SUCH		Juanita Herna 845 N. 39th S	
Anderse	n-Regadale Mortuery		1329	Sen Diego, CA	92102
	TYPE OF PERM	NT, CHECK ONLY ONE OF TH	HE FOLLOWING TYPES C	DE DISPOSITION	
1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND BE ENTOMBMENT)	URIAL IINCLUDES	B DISINTERMENT AND REMAINS INCLUDES	REINTERMENT OF CREMATED SINURNMENT)
SEAL STANDS WITH THE	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMA INCLUDES INURNMENT		9 DISINTERMENT OF CONTROL OF CONT	REMATED REMAINS AND
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMA OTHER THAN IN A CEN	ATION. AND DISPOSITION METERY	FOR CORO!	NER'S USE ONLY NG
INTERMENT	NAME AND ADDRESS OF CEMETERY WI				San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WI	HERE REMAINS ARE TO BE CREMA	ATED DATE CREMATED	SIGNATURE OF PERSON I	N CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHORELE	NE, OR OTHER DESCRIPTION SU	FFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY OF D	ISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the t spass and nuisance laws app	fealth and Safety Code, By and understand that	SIGNATURE OF APPLICAN DATE SIGNED	Ţ
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	AUG 1 19	86 March 1	PETRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED SIDISPOSITION WAS MADE ON	SIGNATIVE SIGNATIVE	DE PERSON IN GHAPIGE OF		E NUMBER OF CREMATED REMAIN: ER. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	d		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-86

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
of Alke	mae Ducketh
ina T5 Vailt	Funeral, date, time Lucy 85 11:0
Church, Chapel, Graveside	: Ragidal Mortuan
	.m. of regular work day of an extra charge will be applied
and billed to undersigned. War time veters	ATLY
and office of other signed. Was time voter of	
Lot 54 Grave 5 Row_	Section / Division/Block
SERVICE EROS CONSIDERANDO CONTRACTOR	Pannon
Grave space & Care Fund	
Additional spaces and care fund	A15
Opening/Closing & Setup	710
Burial Container	tc 5 / / / / / / / / / / / / / / / / / /
Handling Fees	1700
Flower vases - Marker setting	PPE CRMETERY
Recording and filing fee	350
Sales taxes	105
111 11	Total Due 7/0,3
liled my	id receipt number 33617 710-50
Tanada)	9
nueva	Balance due
I hereby certify I am the	of the above named deceder
and this is your authority to make dispositi	ion of remains as above indicated. I certify and represer
that I have the right to make this authorizati	
that I have the right to make this authorization any liability on account of said authorization	on and interment.
that I have the right to make this authorization any liability on account of said authorization	on and interment.
that I have the right to make this authorizati	on and interment,
that I have the right to make this authorization pliability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	on and interment,
that I have the right to make this authorization is also in account of said authorization. I hereby authorize the interment in lot I	on and interment,
that I have the right to make this authorization of said authorization liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Signature Address
that I have the right to make this authorization pliability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Signature Address Status Zip Co

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN FROM Claratte Source	- CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161 Address: 1043 Kolesta	No No Date: 8/5/2	33617	SECTION AND SECTIO
in feel Payment of Inter	not 700 mont feel for Lefie & ROW SO NOT VALID FOR PURPOSE STATED LINE ESS STAMPED	Dollars (8 Lechely - Ge section 16 CREDIT 67007	Division 7	
Pre-Need At Need On Acct C	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE AUG 07 1986 ISSUED ROY LIVE STATED UNLESS STAMPED "PAID" IN THIS SPACE AUG 07 1986 ISSUED ROY LIVE STATED UNLESS STAMPED "PAID" IN THIS SPACE AUG 07 1986	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 77184 Openings & 77181 Burlel 100 Containers 7782 Recording face or 100 miss, sarvice fees 77183 Sales Tax 9020 TOTAL PAID 0	320 00 175 00 2050 75 00 10 50 710 50	00000



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	LEXIE DUCKET	Т	sex Female	June 11	
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUN	TY IOR STATE IF NOT IN CALIFO	Prentis	RESS OF SPOUSE OR OTHER INFORMANT
NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON A Anderson-Ragsdale Mortuary		ACTING AS SUCHE	CALIFORNIA LICENSE NUMB		erett St. 90, CA 92102
	TYPE OF PER	RAIT, CHECK ONLY ONE	OF THE FOLLOWING TYPE	s of disposition	
1 BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT A	AND BURIAL INCLUDES		ENT AND REINTERMENT OF CREMATED INCLUDES INURINMENT!
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, I	CREMATION, AND BURIAL	9. DISINTERM DISPOSITIO	ENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, OTHER THAN IN	CREMATION, AND DISPOSITION A CEMETERY	FOR ID DISPOSITION	CORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY I	3751 Market St	t.: San Diego.		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY	WHERE REMAINS ARE TO BE O	CREMATED DATE CREMATE	D SIGNATURE OF I	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION	ON SUFFICIENT TO IDENTIFY	FINAL PLACE AND COUN	NTY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS	47-	X0.5	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the p remains of the above named dec and I hereby acknowledge that t this permit gives no right of unre-	edent under provisions of respass and nuisance law	the Health and Safety Co is apply and understand t	de, 🕨	APPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY OF AUTHORITY FOR THE DISPOSITION SPECIFIED	DDE AND IS THE	O AUG 5 19	186 Monal	CAN REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	SIGNAL SI	RE OF PURSON IN CHARGE	OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-86

n KINON H	. Mairs	$\langle \mathcal{C} \rangle$
	neral date time Tues 8	1= Pm
	71	3 600
Church, Chapel, Graveside	Swery facy	Mortuar Mortuar
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra	charge will be applie
and billed to undersigned. War time veteran	30	
and the undersigned, was time veterall		d
Lot 320 Grave Row	Section Divisi	on/ 9look
Old India		0
Grave space & Care Fund		Mener
Additional spaces and care fund		
		1000
Opening/Closing & Setup		/03
Burial Container	A-1-15	
Handling Fees	AIUL	
Flower vases - Marker setting fee	ES 101	
AU AU	G 4	250
Recording and filing fee	*******************************	
Sales taxes	PE CEMETERY	
Sales taxes	AN INDICAD MAI IND.	
O Stylet	AN PEGO CALLS	140-
el-84/PL	Cairt number 33662	140=
el-84/PL	ceipt number 3366 L	140=
el-84/PL		140 = 140 =
yel-84/91 Paid re	Balar	
Paid re	Salar of the a	bove named decede
Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization.	Salar of the a of remains as above indicated, and lagree to hold Mt. Hope Ce	bove named decede certify and represe
Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization.	Salar of the a of remains as above indicated, and lagree to hold Mt. Hope Ce	bove named decede certify and represe
Paid re I hereby certify I am the	Salar of the a of remains as above indicated, and lagree to hold Mt. Hope Ce	bove named decede certify and represe
Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization all hereby authorize the interment in lot I	Salar of the a of remains as above indicated, and lagree to hold Mt. Hope Ce	bove named decede certify and represe
Paid re I hereby certify I am the	of the a of remains as above indicated, and I agree to hold Mt. Hope Cale and interment.	bove named decede certify and represe
Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization.	of the a of remains as above indicated. and I agree to hold Mt. Hope Ce and interment.	bove named decede certify and represe
Paid re I hereby certify I am the	Sterature Sterature Balan of the a of remains as above indicated, and I agree to hold Mt. Hope Ce and interment.	bove named decede I certify and represe metery harmless fro
Paid re I hereby certify I am the	Balar of the a of remains as above indicated, and I agree to hold Mt, Hope Ce and interment. Signature Address	bove named decede I certify and represe metery harmless fro
Paid re I hereby certify I am the	Standards bove named decede I certify and represe metery harmless fro	
Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization all hereby authorize the interment in lot I hold under deed.	Sterature Sterature Balan of the a of remains as above indicated, and I agree to hold Mt. Hope Ce and interment.	bove named decede I certify and represe metery harmless fro

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROD RETAIN	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	001251 Nº 109	33602
in full payment of Allered and un	tioned few for C	Pensin of	HO OF
Invoice No. Acct. No. W.O. F - Cold 8 Ungaid Balance after this Payment	NOT VALIDAGE BURNOSE STATED UNLESS STAMPED PAID IN THIS SHACE UDITOR	Cheorr 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181 Buriel 100 Containers 77182	10500
Pre-Need At Need On Acct C	Leogen 20th	Recording fees or 100 misc. service fees 77183 Solee Tex 8020	35 or 140 60

PERMIT FOR SPOSITION OF HUSEN REMAINS #54181 Pacific Beat

538		,			HIS TANKSHINA	Mortuary	
NAME OF BECEDENT				SEX	DATE OF BIRTH	DATE OF DEATH	
	nderson Myers		en linear contracts of	Male	July 21,1898	Jan. 18,1986	
PLACE OF DEATH—C	900 St. 00 St. 00 PO ST. 00 ST.	PLACE OF	DEATH—COUNTY (OR ST.	ATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SP	OUSE OR OTHER INFORMANT	
San Dieg	O MRECTOR (OR PERSON ACTING AS SUCH)	San I			Self Pre-N	eed	
			CAL	FORNIA LICENSE NUMBER			
Pacific I	Beach Mortuary			815	===		
	TYPE	OF PERMIT. C	HECK ONLY ONE OF THE	FOLLOWING TYPES OF DIS	POSITION		
☐ 1. BURIAL (IN	CLUDES ENTOMBMENT)		INTERMENT AND BURIAL (OMBMENT)	. (INCLUDES	B. DISINTERMENT AND R REMAINS (INCLUDES	EINTERMENT OF CREMATED INURNMENT)	
2. CREMATION	(AND BURIAL (INCLUDES INURNMENT)		INTERMENT, CREMATION	. AND BURIAL			
	AND DISPOSITION OTHER THAN IN A	GIN	CLUDES INURNMENT)				
CEMETERY ☐ 4. SCIENTIFIC	USE		INTERMENT. CREMATION HER THAN IN A CEMETE		9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
A 227 (1) 121 22	URPOSE OF ISSUING THIS PERMIT. DISINTERME						
BURIAL	NAME AND ADDRESS-OF CEMETERY WH	the the recountry and	AND THE PROPERTY OF THE PROPER		COUN	to receipting	
CREMATION	NAME AND ADDRESS OF CREMATORY - Cypress View Cres		(, 0		SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
INTERMENT AFTER "REMATION	Mt. Hope Cemetery	HERE REMAI	NS ARE TO BE INTERRE	D	COUNTY COUNTY	an Diego	
IRIAL AT SEA	ADDRESS. NEAREST POINT ON SHO						
OR DISPOSITION OTHER THAN IN A CEMETERY OF CRENATED REMAINS	N/A					5	
ACKNOWLEDGMENT OF	This is to certify that I am the premains of the above named dec	edent unde	provisions of the He	alth and Safety Code,	F		
APPLICANT		that tresposs and nuisance laws apply and understand that I unrestricted access to property not owned by me.			DATE SIGNED		
SCIENTIFIC	NAME AND ADDRESS OF FACILITY REC	IVING REMAI	NS		nt.		
USE	N/A						
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH P THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN	AND IS THE	\$3.00 ,	JAN 22 198	Pr MIL	PAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	C// 10/ · · ·					toote	
CODY I OF THE BERLIN		MACE OF DE		CHARGE OF DISCOURTION IS	DECOMPRE E EST COMPRETING	THE DEDMIT AND EDOWADDING THE CON	

COPY 1 E 6068

MAINS WERE BURIED AT SEA.

362

PLETED PERMIT WITHIN ID 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 RE-

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-3/

reby authorized and instructed, subject to your rules and regulations, to intermed the company of the comp

# 13274	Date /-5/70 6
You are hereby authorized and instructed, subject of	to your rules and regulations, to inter the rem
in a Funer	ral, data, time Wfd 8/6, 1:00
Church, Chapel, Graveside	Juckson- andworm
All Funeral cars must arrive before 3:30 p.m. of r	egular work day or an extra charge will be app
and billed to undersigned. War time veteran	
-0 ~	, ,
Lot 55 Grave Row	Section Division/Block
Grave space & Care Fund	········ — — — — — — — — — — — — — — —
Additional spaces and care fund	
Opening/Closing & Setup	90
Buriel Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	7
- 10 D /	1440
elled by	Total Due
e. Mc Cornich Paid recei	ipt number
2 Miccollacto	Balance due
@ P.A.	
Thereby certify I am the	of the above named dece
and this is your authority to make disposition of r that I have the right to make this authorization are	
any liability on account of said authorization and	
	11. A GO 110
I hereby authorize the interment in lot I	Juney of the
hold under deed.	501-A Kulber
Signature of recorded holder of deed	100 da 92/2

Work Order # **E** 6069

Acct. # 046640 _____



PERMIT FOR SPOSITION OF H





USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	BONALD CINE MALELLAN		SEX Male	Jan. 9, 1937	DATE OF DEATH July 25, 1986	
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY San Diego	OR STATE IF NOT IN CALIFORNIA	MAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Hr. Joe HcCondck, Public Administrato 5201A Buffin M. San Diego, CA 92123		
		11807 8WG. , CA 92041	CALIFORNIA LICENSE NUMBER 7 295			
	TYPE OF PE	RMIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES (OF DISPOSITION		
T BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES		T AND REINTERMENT OF CREMATED CLUDES INURNMENT)	
	N AND BURIAL (INCLUDES INURNMENT	(INCLUDES INURNM			T OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY	
3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10. DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY			RED	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY	WHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PER	RSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOR	eline, or other description	SUFFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY	1/75/2000/010/01/2000	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RI	ECEIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the premains of the above named de and I hereby acknowledge that this permit gives no right of unre	cedent under provisions of the trespass and nuisance laws a	F			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE W OF THE CALIFORNIA HEALTH AND SAFETY O AUTHORITY FOR THE DISPOSITION SPECIFIES	ODE AND IS THE	AUG 6 - 1986	SIGNATION OF LOC	AL JEGISTRAR ISSUING PERMITS	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED AU	G 6 1986 SIGNATUR	E OF PERSON IN CHARGE OF		ICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR O	F COUNTY OF DEATH				

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

- 046646 09/08/86 000952 COUNTY OF SAN DIESEN 77181 000072 11/21/60 CK 04-721252 145.00 90.00 PAID II

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-86

of	newion
ins Tel Vault	Funeral, date, time tru 8-1 11:3
Church, Chapet, Graveside	- dewes Mortuan
All Funeral cars must arrive before 3	3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	veteran
Lot 2/2/ Grave Roy	n 10
Lot 22/07 Grave Rov	Section Division/Bleek
Grave space & Care Fund	(#peneed
Additional spaces and care fund	
Opening/Closing & Setur	325
Burial Container	175
Handling Fees	<u> 170°-</u>
Flower vases - Marker setting fee	······· <u> </u>
Recording and filing fee	350
2019 St. 100	1000
Sales taxes	
allad by	Total Due 7/05
alled by	Paid receipt number 33596 70 50
alled by oug @ 11:15.	Paid receipt number 33596 Balance due
alled by oug @ 11:15	Balance due _
alled by Jug C 11:15 I hereby certify I am the and this is your authority to make dis	Balance due D Output of the above named deceder sposition of remains as above indicated. I certify and represer
alled by Jug 6/1/5 I hereby certify I am the and this is your authority to make dis that I have the right to make this each	aughter of the above named deceder
I hereby certify I am the and this is your authority to make this and I have the right to make this and I have the right to make this and any liability on account of sales.	Balance due of the above named deceder sposition of remains as above indicated. I certify and represent stion and lagree to hold Mt. Hope Cemetery harmless from crization and interment.
alled by Jug 6/1/5 I hereby certify I am the and this is your authority to make dis that I have the right to make this each	Balance due of the above named deceder sposition of remains as above indicated. I certify and represent stion and lagree to hold Mt. Hope Cemetery harmless from crization and interment.
I hereby certify I am the and this is your authority to make disthat I have the right to make this author any liability on account of sale of the hold under deed. AUG 1	Balance due Of the above named deceder sposition of remains as above indicated. I certify and represent stion and lagree to hold Mt. Hope Cemetery harmless from prization and interment. Signeture Address
I hereby certify I am the and this is your authority to make disthat I have the right to make this author any liability on account of sale of the hold under deed. AUG 1	Balance due Of the above named deceder sposition of remains as above indicated. I certify and represent stion and lagree to hold Mt. Hope Cemetery harmless from prization and interment. Signeture Address
I hereby certify I am the and this is your authority to make this and liability on account of sale and I hereby authorize the interment in keyhold under deed. AUG 1	Balance due Of the above named deceder sposition of remains as above indicated. I certify and represent stion and lagree to hold Mt. Hope Cemetery harmless from prization and interment. Signeture Address
I hereby certify I am the and this is your authority to make disthat I have the right to make this author any liability on account of sale of the hold under deed. AUG 1	Balance due Of the above named deceder sposition of remains as above indicated. I certify and represent attion and lagree to hold Mt. Hope Cemetery harmless from prization and interment. Signeture Address State Zie Co.

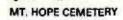
	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK GOLDENHOD RETAIN From: Delta Henrich In July Payment of A	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: Parkey level of the same	Date: 8/1/ Dollars 10	33596 86,	9
	Invoice No	HOT VALID GO TOPPOSE STATED UNLESS STAMPED PAID IN THIS SAME AUDITOR	CREDIT 67007 20% Sales Care 77194 _ 90% Sales 100 of Lots 77184	Division / Block /	0
	W.O. F-6070 Unpeid Balance after this Payment	05 1986 1986	Openings & 100 Service Charges 77181 Burial 100 Containers 77182 Recording fees or 100	320	00
1	Pre-Need At Need On Acct C	1854ED SEOSEM STATE	milet: service fees 77183	70	200

PERMIT FOR SPOSITION OF HUMAN REMAINS -

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	т		SEX	DATE OF BIRTH	DATE OF DEATH	
	RUTE IOLA MENTON		female	Oct 17, 1	1912 July 29, 1986	
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH-COUNTY	OR STATE IF NOT IN CALIFORNIA	NAME AND ADD	RESS OF SPOUSE OR OTHER INFORMANT	
San Diego		San Diego		Roberta i	Merr - daughter	
NAME AND ADDRES	S OF FUNERAL DIRECTOR JOS GERSON AC	PE 45 SPON L VII.	CALIFORNIA LICENSE NUMBER	628 Pardy	Court	
Lewis Colon	ial/Benbough Sam Dieg	o, CA 92104	F-480	Bakersfie	ald, CA 93309	
	TYPE OF PERA	AIT CHECK ONLY ONE O	F THE FOLLOWING TYPES O	E DISPOSITION		
	The or year	mi, check out one o	THE TOLLOWING THES C	a Distrosmort		
1 BURIAL UN	CLUDES ENTOMBMENT)	5. DISINTERMENT AN ENTOMBMENT)	D BURIAL (INCLUDES		ENT AND REINTERMENT OF CREMATED NCLUDES INURNMENT)	
2. CREMATION	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CR		9. DISINTERME	ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY	
3. CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A					=
4. SCIENTIFIC USE		7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY W			ED	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CR	EMATED DATE CREMATED	SIGNATURE OF F	ERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER TRAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION	SURFIGIENT TO IDENTIFY FINA	L PLACE AND COUN	TY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	ve Health and Safety Code,	SIGNATURE OF APPLICANT			
APPLICANT	and I hereby acknowledge that tre this permit gives no right of unrest		일시 경영 기계를 맞은 사람들이 들어가게 되었다면 하게 하게 하고 있는 사용을 잃었다.	DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	DATE PERMIT ISSUED JUL 3 1 1986		CAN RECISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED BISPOSITION WAS MADE ON	TER DATE) SIGNAT	F PERSON INCHARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAI DISPOSER. IF APPLICABLE	NS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	d			

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



INTERMENT ORDER

City of San Diego

S-1-86

of gra	rie IX	16 8/d	11:07
in a Voult/Lines	Funera	I, date, time	120
Church, Chapel, Graveside		Kagodale_ M	ortuary.
All Foneral cars must arrive	before 3:30 p.m. of re	gular work day or an extra charge will be	applied
and billed to undersigned. V	Var time veteran		
104 1	f I resulting	7	11
Lot / Grave	Row	Section Division / Block _ /	4 -
Grave space & Care Fund		Q.E	5000
Additional spaces and care			
Marie Walter of State and Lender Control	AT DESCRIPTION STREET AND	. 32	100
Opening/Closing & Setup		MANAGER AND THE PARTY OF THE PA	100
Burial Container		/01	100
Handling Fee	110	/\$	2
Flower vases - Marker setti		- 9	-0
Recording and filling AUG.	12	<u>a</u>	5
	CEMETERY		000
CITY of SAN	DIEGO, CALIF.	Total Due	600
0.1101	Paid receir	t number 33607 23	50 0
8786		Balance due 6	060
	0 10	32640 60	266
I hereby certify I am the	Jangue	of the above named of	scadent
that I have the right to make	this authorization and	mains as above indicated. I certify and re I agree to hold Mt. Hope Cemetery harmle	present as from
any liability on account of s	aid authorization and	interment.	2
hereby authorize the inten	ment in lot I	The J. Your	Ø
holdrunder deed.		2596 nue.	st
Signature of recorded holder of these	aus	Address Con 9	3111
0		270-5939	Zip Code
		Telephone	
Mark Order # E 607	1	Invoice #	
Work Order # E DUT		Acct. #	

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

33607

GOLDENROD RETAIN	284-3151	100 14	1 91
Aholo Some	259/ 7/10	Date: 11 07	9-111
Two number &	to and notife	College (A	25000
In 111 Payment of	Frene dare	· enous	-
1	The state of the s		
Lot 194 Grave	RowSe	ection	Division //
Invoice No.	NOT VALID TO TOURSE STATED UNLESS STAMPED	CREDIT 67007 77184	50 00
Acct. No.	AUG 02 PLOP	80% Sales 100 of Lots 77184	200 00
WO. E (017)	07 701 70	Openings & 100 Service Charges 77181	Sales Server
Unpaid Balance after this Payment 2666	200	Surial 100 Containers 77182	
		Recording less or 100 miss, service fees 77183 _	50 ST (0%) ST (0%)
Pre-Need At Need On Acct	0	Seles Tax 8020 _	THE REAL PROPERTY.
AC-212 (Rev. 8-85)	ISSUED BY GOODS	TOTAL PAID	350 00

PERMIT FOR POSITION OF HEAN REMAINS



NAME OF DECEDEN	r	533		596932 ESCT-550-500000	20.20(20.20)	SEX	1	ATE OF BIRTH	6	DATE OF DEATH	
	Lourie	Harris				Male		Dec. 25	1916	July 31,	1986
PLACE OF DEATH—CITY OR TOWN PLACE San Diego				San Diego				HAME AND ADDRESS OF SPOUSE OF OTHER INFORMAN Ethel Jean Devis - Daughter 2596 Rye St.			FORMANT
	s of funeral director		TING AS SUCH)	250	ORNIA LICENSE NUMB 329		an Diego		2111	
	9	TYPE OF PERM	IT, CHECK	ONLY ONE O	F THE I	FOLLOWING TYPE	ES OF D	ISPOSITION			
1 BURIAL IIN	CLUDES ENTOMBMENT	8		SINTERMENT AN	D BURIA	AL (INCLUDES			ENT AND RI NCLUDES I	INTERMENT OF CRE NURNMENT!	MATED
Audit	N AND BURIAL (INCLUDES			SINTERMENT, CR		N, AND BURIAL				MATED REMAINS AN	
3: CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE		R THAN IN A	7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			S070	FOR CORONER'S USE ONLY 10 DISPOSITION PENDING			9	
INTERMENT	NAME AND ADDRESS OF	emetery:	3751	Market St	. :	San Diego	, CA		cou	NTY San Diego	
CREMATION	NAME AND ADDRESS OF	CREMATORY WI	HERE REMAIN	NS ARE TO BE CR	EMATED	DATE CREMATE	D S	IGNATURE OF	PERSON IN	CHARGE OF CREMAT	ORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POI	nt on Shoreli	NE, OR OTH	ER DESCRIPTION	SUFFIC	IENT TO IDENTIFY I	FINAL PL	ACE AND <u>COU</u>	NTY OF DISI	POSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF	F FACILITY RECE	IVING REMA	INS.							-
ACKNOWLEDGMENT OF APPLICANT	This is to certify that remains of the above and I hereby acknow this permit gives no	named decec riedge that tre	lent under spass and	provisions of the	e Heal apply c	th and Safety Co and understand t	the de,	, <u> </u>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN A OF THE CALIFORNIA HEALTH AUTHORITY FOR THE DISPOS	CCORDANCE WITH AND SAFETY CODE	PROVISIONS E AND IS THE	AMOUNT OF FE	E PAID	DATE PERMIT ISS	986 p	IGNATURE OF	786	TRAR ISSUING PERM	mm MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE	ON_	186	SIGNATU	N	PERSON IN CHARGE		POSITION		UMBER OF CREMAT . IF APPLICABLE	ED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF	REGISTRAR OF C	COUNTY OF	DEATH		0					

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

W. 34-11 (36)						
W.	OFFICIAL RECEIPT	STOMER PROPER	DIEGO, CALIFORNIA TY DEPARTMENT OPE CEMETERY	No.	33640	
-	GOLDENROD	NETAIN	264-3161	Dete: 8//	2	.86
	Sex Hundu	Six Address:	200	Dollers (I	606	20
*	In BULK Payment of	Lourie H	mis anis	2-	Division	//
Y	Invoice No.	NOT VALID FOR PURPO	ROW See STAMPED CITY AUDITOR	CREOT 87007 77184	Block /	
	W.O. E-607/ Unpaid Balance	001655	AUG 89 1986	Openings & 100 Service Charges 77161	320	00
	Pra-Need At Need - Or	A Acct A	7 %	Suriel 100 Containers 77182 Recording face or 100 misc. service face 77183	180	00
	Ck Cash Ac 212 (Rev. 8-85)	ISSUED	with	Sales Tax 8000 TOTAL PAID 6	606	36

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-1-86

You are hereby authorized and instructed Sub	jec) to your rules an Pegulations, to inter the remains
of Sandra 1	Sae Sundendhahar
in a Cornete Bollhine Fu	neral, date, time Danday - total 1/30 PM
Church, Chapel, Graveside	De = 8.3 Mortuary.
All Funeral cars must 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
905 -	_ 2
Lot 70 Grave Row	Section Division/Slock
Grave space & Care Fund	Lavadan - 1950
Additional spaces and care fund	no _
Onening/Closing & Setup	1950-
uri Dta	75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -
tandling Fees	25 0.1. Senday 505,00
Flower AND Market setting tee	
MT. HOPE CEMETERY	
CITY WEAN DIEGO, CALIR.	
CF 1 0486	Total Due
Paid re	ceipt number <u>95005</u> /W130
130	Balance due
I hereby certify I am the Fath	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	ind interment.
I hereby authorize the interment in lot I hold under deed.	Signature
note there beed.	STGI DAILEY COURT
Signature of recorded holder of deed	EA MESA CALIF 92041
	619-465-7456 Talaphona
E como	Invoice #
Work Order # E 6072	Acct. #

OFFICIAL RECEIPT



WHITE TO CUSTOMER CAMARY. CEMETERY PINK AUDITOR GOLDENROO RETAIN

CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33605

GOLDENHOU	neisun	264-3181	01	t no	1	011
fact C	Alaber.	EUC In.	Date:	1370	9:	141
Prom: flower .	et never	Address: 9165 Mes	160 -	11/62	11193	5
In Bull Payme	no Sand	Jakar Lund	and Little	200	(n)	
1	ilro	unce	THE REAL PROPERTY.	947	2000	
LOT 902	Grave	Row	_ Section		Division Block	9
Invoice No.		ALID FOR PURPOSE STATED UNLESS STAMP	STD CREDIT 20% Soles Core	67007 77184	39	00
Acct. No.		WITY ALL	80% Sales of Loss	77184_	156	00
W.O	-	AUG 07 1986	Openings & Service Charges	77181_	195	00
after this Payment	30000	7 1986	Buriel Conteiners	77182	75	00
Pre-Need At Need	On Acct D		Recording fees or misc. service fees	77183 _ 80101	540	50
Ck Cash 🗆		Boon	Sales Tim	90101 9020 _	1000	50
AC-212 (Rev. 8-86)	ISSUE	00)	TOTAL PAID	100	1111	

PERMIT FOR DEDISITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	r .		SEX	DATE OF BIRTH	DATE OF DEATH	
SANTRARAE LINUTA MANDER			Female	May 15, 1984	Aug. 1, 1986	
PLACE OF DEATH-	CITY OR TOWN LOS Angeles	PLACE OF DEATH—COUNTY LOS Angeles	Nr. Robert C.		OF SPOUSE OR OTHER INFORMANT	
	SS OF FUNERAL DIRECTOR IOR PERSON A	CTING AS SUCH)	CALIFORNIA LICENSE NUMBER	5165 Dailey Ct. La Mass, CA 97		
-	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES C	OF DISPOSITION	3	
🚨 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES	8 DISINTERMENT AN	D REINTERMENT OF CREMATED ES INURNMENT)	
(45.0008850v)	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CRE	MATION, AND BURIAL (NT)		CREMATED REMAINS AND	
☐ 3 CREMATION CEMETERY ☐ 4 SCIENTIFIC		7. DISINTERMENT, CRE OTHER THAN IN A C	MATION, AND DISPOSITION EMETERY	FOR CORC	ONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W			RED	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY					
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINA	L PLACE AND COUNTY OF	DISPOSITION	
SCIENTIFIC: USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS			70	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.)		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE		SIGNATUR OF LOCAL	GISTHAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED SIDES OF THE DISPOSITION WAS MADE ON TE	13/86 SIGNATOR	POF PERSON IN CHARGO OF		SE NUMBER OF CREMATED REMAIN: ISER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LOS Angeles County, 313	PARTY CONTROL OF CONTROL	Angeles, CA 90012	2		

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

INTERMENT ORDER

City of San Diego

Church, Chapel, Graveside

Opening/Closing & Setup

I hereby certify I am the .

E 6073

hold under deed.

Work Order

PY-583 (REV. 8-85)

Flower vase Recording -Sales taxe

horized and instructed, subject to your up and regulations to inter the remains Funeral, date, time Mortuary. All Funeral cars must arrive before 3:30 g.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Additional spaces and care fund sceipt number AN DIEGO, CALIF Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to field Mt. Hope Cometery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Invoice #

Acct #

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE, FULL, AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OF BIRTH/DEATH TEMPORARILY ON FILE IN THIS OFFICE.

ole mp. REGISTRAR, LEWIS COUNTY

F6073

3,	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY	Nº	33601	
	From: James Rarthy	Address: Athentes	Vast - 4	86 .18	
1	in feel Payment of An	whent of Hanse	a Hartly	Dec	100
	Invoice No.	NOT VALID FOR PURPOSE STAMPED UNLESS STAMPED "PAID" IN THIS SPACE. AUG 05 7990.	CREDIT 87007 77184 80% Sales Care 77184 100 77184	Division 8 Block	
	W.O. E-LO73 Unpaid Balance after this Payment	05 1986	Openings & 100 Service Cherges 77181 Burial 100 Containers 77182	10500	2
	Pre-Need At Need A On Acct C	SUED BY Segai Stilter	Recording fees or 100 miles, service fees 77783 _ 80101 Selec Tem 8020 _	240	

すかない かいちょうしゃ こうしゅうしゅう

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

8/01/	00
	8/01/

NAME OF THE PROPERTY OF THE PARTY OF THE PAR	subject to your rules and regulations, to inter	
of		
in a	Funeral, date, time	
Church, Chapel, Graveside	i i i i i i i i i i i i i i i i i i i	_ Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge w	ill be applied
and billed to undersigned. War time vetera	an ,	
Lot Grave Row	Section Division/Block	P
Grave space & Care Sund	*************	\$4
Additional spaces and care fund		*
Opening/Closing & Setup		***
		7.00 F 0
A STATE OF THE STA	**********************************	
Handling Fees	mth of July 1986	\$500.
		100000000
Recording and filing fee	******************************	
Sales taxes		Warrangood II
	Total Due	\$500.
Paid	d receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization		nd represent armless from
I hereby authorize the interment in lot I	CLEMENS GRANITE	
noid under desa,	10527 Prospect A	ve.
Signature of recorded holder of deed	Santee, CA 92071	Zip Code
Work Order # E 6074	Invoice # 04587/ Acct. # 006490	

07/22/86	\$125	3×1	Jackson, Arletha
	125	2×1	Turner, John H.
07/29/86	125	2 x 1	Presley, Howard
Ш	125	2×1	Bozeman, Jean
	\$500		Part of the part of the Control of t

3- - 144

045871 08/07/86 006490 CLEMENS GRANITE COMPANY 77183 000072 09/08/86 CK 13535

500.00 500.00 500.00 PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

2000	08/01/86
Date	ACSONESS DATES OF DESCRIPTION

of				
6.01			Tabasan desarrana	
	Vault/Line			25
Church, C	Chapel, Graveside			Mortus
All Funer	al cars must arrive	before 3:30 p.m	of regular work day	or an extra charge will be appl
and billed	d to undersigned. \	War time veteran		
Lot	Grave	Row	Section	Division/Block
	- V. N. S. A. S.			•
Opening/	Closing & Setup			
Handling	Fees		************	
Flower va	ses - Marker sett	ing fee . Mont	h.of.July.	1986 \$455.
Recording	g and filing fee			
Sales tax	es		************	*
				Due \$455.
		Paid	eceipt number	
				Balance due
				Dalai No doc
and this i	certify I am the s your authority to e the right to make ity on account of s	this authorizatio	n and I agree to hold	of the above named deced e indicated. I certify and repres Mt. Hope Cemetery harmless fr
I harabir	authorize the inter	ment in let I	CONT	I & SON MONUMENT
hold unde		ment in loc i	P.O.	Box 94
Signature of re	corded helder of deed		San S	Diego, CA 92112 Zo
			Telephone	A.,
	E 607	E		045873
Work Ord	Ber# 🕒 OU (3	Acct. # _0	04821

7/28/86	\$125	2 x 1	Chuchill, V
	125	2×1	Shaw, John
0.00	80	2×1	McCormic M (County)
306	125	2 x 1	Durst, Zenobia
	\$455		

.

••

045873 08/07/86 004821 CONTI AND SON MEMORIAL CD 08 08/19/86 CK 5890

455.00 PAID IN FULL

455.00

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

1,480.00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

**	Date 08/03	./80
You are hereby authorized and instructe	d, subject to your rules and regulations, to in	er the remains
of		
in a	Funeral, date, time	
	***	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	will be applied
and billed to undersigned. War time vet	eran ,	
Lot Grave Row	Section Division/Blo	ock
Grave space & Care Fund	***************************************	0.0
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee	onth of July 1986	\$830.
Recording and filing fee	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sales taxes		
	Total Due	\$ 830.
9	Paid receipt number	
	Balance due	
I hereby certify I am the	of the above n	amed decedent
and this is your authority to make dispo-	sition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I	SEAMAN-POE MONT	JMENT
hold under deed.	3893 Imperial	Ave.
Signature of recorded holder of deed	San Diego, CA	92113 Zip Code
	Telephone OULCUS	,
E come	Invoice # 04587	7
Work Order # E 6076	Acct. #000253	

PY-683 (RÉV. 8-85)

7/9/86	\$125	2 x 1	Relyea, M.
	125	2 x 1	Lowe, Richard
<u>u</u>	125	2 x 1	Frank, David
	125	2 x 1	Smith, Eunice
7/14/86	N/C	2 x 1	Crawford, L.
11	80	10x20	Black, Ryan
7/17/86	125	2×1	Huff, John P.
11	125	2 x 1	Fancher, Roy
7/25/86	N/C	2×1	Webster, E. O
	\$830		(5)

045875 08/07/86 000253 SEAMAN/POE MONUMENT CO

77183 000072 09/08/86 CK 1210

830.00 830.00

PAID IN FULL



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/5/86

You are hereby authorized and instructed, sub	oject to your rules and regulations, to inter the remains
1. TOV. OF	ineral, date, time Fri \$/29 2:00
Church, Chapel, Craveside	Mortuary.
All Funeral cars must 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 30 Grave 4 Row	Section Division/Block
Grave space & Care Fund . Pu head	F-1164
Additional spaces and care fund	One 2p(3)
Opening/Closing & Setup Chu Houd	
Burial Container Surfaced	aggios 100
Handling Fees	
Flower vases - Marker setting fee	35.00
Recording and filing fee	AUG 8 1986
Seles taxes	13 9.00
8-8-86 MT.	HOPE CEMETERY 35 13902
[Balance due
	Datarice due
that I have the right to make this authorization	of the above named decedent of remains as above indicated. I certify and represent a and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I hold under deed.	Telle 6. Clean
Office E. Welh	4738 BESSE ST.
Signature of recorded holder of deed	SAN DIEGO (9210
	Telephone
E comm	Invoice #
Work Order # E 6077	Acct. #

PERMIT FOR POSITION OF HEMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

		OUE DESCRIPTION TO A	TELEVITORE OR ERASONE		256
NAME OF DECEDEN	onna Mae Webb		SEX Female	April 23, 1919	Aug. 27, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY 10	R STATE IF NOT IN CALIFORNIA)		SPOUSE OR OTHER INFORMANT
	S OF FUNERAL DIRECTOR (OR PERSON. 1-805 & Importal	Ave., San Diego,	CALIFORNIA LICENSE NUMBER	4758 Booch St San Diego, Ca	reet lifornia 92102
	TYPE OF P	ERMIT, CHECK ONLY ONE OF T	HE FOLLOWING TYPES OF	DISPOSITION	
1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND 8 ENTOMBMENT	URIAL (INCLUDES	8 DISINTERMENT AND P	REINTERMENT OF CREMATED NURNMENT)
- 2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT	8. DISINTERMENT, CREM. (INCLUDES INURNMEN		9. DISINTERMENT OF CH DISPOSITION OTHER	EMATED REMAINS AND THAN IN A CEMETERY
3 CREMATIO CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CREM OTHER THAN IN A CE		FOR CORON	ER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY			17(0) (DAZIZ)	INTY Ian Diego
CREMATION	NAME AND ADDRESS OF CREMATOR'S	Y WHERE REMAINS ARE TO BE CREMA	ATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS. NEAREST POINT ON SHO	RELINE, OR OTHER DESCRIPTION SU	FFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DIS	POSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY F	RECEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	remains of the above named de and I hereby acknowledge that	person having the right to contr readent under provisions of the I trespass and nuisance laws opp estricted access to property not a	lealth and Safety Code, bly and understand that	SIGNATURE OF APPLICANT DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE YOF THE CALIFORNIA HEALTH AND SAFETY AUTHORITY FOR THE DISPOSITION SPECIFIC	CODE AND IS THE	AUG 2 8 1986	SIGNATURE CE LOCK REC	STRA ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DEPOSITION WAS MADE ON	AENTER SATE)	OF PERSON IN CHARGE OF C		NUMBER OF CREMATED REMAINS R. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE AUDRESS OF REGISTRAR		0	Facilità Lata Con.	

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

MT. HOPE CEMETERY

INTERMENT ORDER City of San Diego 118-05ed and instructed, subject to your rules and requ Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup ... Burial Container Handling Fees ... MT. HOPE CEMETERS Flower vases - Marker setting fee CITY of SAN DIEGO, CALIF Recording and filing fee .. Sales taxes ... 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. ignitions of recorded holder of deed Invoice # E 6078 Work Order # PY-583 (NEV. 8-85

11290

ARTHUR ALEXANDER KETTERINGHAM JO RUTH MARICYN B. KETTERINGHAM #1129 2465 ABILENE TERRACE
LA MESA, CA 92041 (619) 460 3872 (129) E6078

seconded at mx. RECORDING REQUESTED BY Bew walker AND WHEN RECORDED MAIL TO Cem. myo SPACE ABOVE THIS LINE FOR RECORDER'S USE MAIL TAX STATEMENTS TO AFFIX \$_____L R. STAMPS IN THIS SPACE TO 402-1 C Ouitclaim Deed THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, --- I Dimitry Nixon ----hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to Mrs. Emmya Ketteringham the following described real property in the City of San Diego county of San Diego state of California: 25 & 26 Row 7 Section 3 Division 2 Mount Hope Cemetery City of San Diego, California Dimitry Mixon Dated April 9, 1970 STATE OF CALIFORNIA COUNTY OF San Diego hefore me, the undersigned, a Notary Public in and for said State, personally appeared Dimitry Nixon known to me OFFICIAL SEAL LILLIAN B. WOLFORD whose name he subscribed to the within to be the person. NOTARY PUBLIC - CALIFORNIA instrument and asknowledged that he cuted the same. PRINCIPAL OFFICE IN WITNESS my md and official seal. SAN DIEGO COUNTY ellen My Commission Expires May 11, 1973 Name (Typed or Printeg) If executed by a Corporation the Corporation Form of Acknowledgment must be used. (This area for official notarial scal) Title Order No. MATE TAX STATEMENT ESCIENDOL LOST NO ABOVE E6078

Marriage Certificate

State of Nevada | 88. County of Clark, |

No. A 328302

did on the	21st	day of	August 9.7	1. 19 70 join in lawful
Wedlock		Find that is a province	LAS T. MAISHEFF	
of	San Diego		State of	California
and		ENNYA	A KETTERINGHAM	
of	San_Diego_	j	State of	California
with their mi	utual consent, in	the present	e of WA	LTER P DENT
and	ISABEL LE		who were witnes	1/ //
Recorne	a of the Rig	Tall	SANNO	ulexacushe
Soyt 1%	170 7	// IIISTI	CE OF THE PEACE	LAS VEGAS TOWNSHIP

TO BE GIVEN TO THE PARTIES MARRIED

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA . PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33614 MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Division Block Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CAT AUG. CREDIT 20% Sales Care Invoice No. **BOW Sales** 77164 Acct. No Table 1 Openings & Service Charges **Unpaid Balance** after this Payment Recording less or miss, service less On Acct Sales Tex

AC-212 (Nev. 8-88)

TOTAL PAID



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

Nº 11290

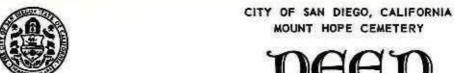
BV-884

E6078

C#2 30

Property Director

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego 05-86 ereby authorized and instructed, subject to your rules and regulations, to inter the remains Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup ... MT. HOPE CEMETERY Flower vases - Marker setting fee Recording and filing fee ... 8-5-86 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 Cematery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. ure of recorded helder of deed Invoice # Work Order # PY-603 (REV. 8-86



Nº 11291

AS DESCH	IDEN ON DIDO				
	MED ON PURC	HASE ORDER NUMBER	E-6079		
held for b hereafter Cemetery.	urial privileges be adopted, incl The rights her	id Cemetery filed in the only with endowed care uding the right to ingres eby conveyed for interme in each and every case	 Subject to all rule is and egress with es ent privileges shall no 	es and regulations now in sentials for care and operated by the contract of th	n force or may eration of the it the consent
repairs to after be er of plot. I natural ca	any monument, rected or placed n no case will to uses of deterior	d however, that said Conhead stone, vaults or other on said lot or plot. Cost the Cemetery Division be ration, but reserves the refollowing type of memoral marker	er improvements of lil of same shall be assu- responsible for dama ight to remove any o	ke nature that is already umed by legal owner or re uge, malicious mischief,	, or may here- presentatives vandalism and

Property Director

TERMENT ORDER City of San Diego You are bareby authorized and instructed, subject to your rules and soulations to inter the remains Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees . Recording and filing fea 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. sture of recorded holder of deed Invoice # E 6080 Work Order # _ PV-593 (REV. B-85) #1128

FORM PW-584

MOLENT HOLE CITY OF SAN DIEGO, CALIFORNIA

4/9/1970

4895

OWNERSHIP AND INTERMENT PRIVILEGES

то Ennya Ketteringham	1	or the sum of \$_	200,00	(DOLLARS)
LEGAL DESCRIPTION Lots 28	3 and 29 Row	6 Section 3	Division 2	
AS DESCRIBED ON PURCHASE O	DRDER NUMBER	C-8506	=====a	
According to a map of said Ceme beld for burial privileges only with hereafter be adopted, including the Cemetery. The rights hereby con- of the Cemetery Authority in each	th endowed care. Some right to ingress a veyed for interment p	Subject to all rule nd egress with es privileges shall no	s and regulations no sentials for care and t be relinquished with	w in force or may operation of the hout the consent
It is expressly understood however repairs to any monument, head sto after be erected or placed on said of plot. In no case will the Cemetural causes of deterioration, beent of the Cemetery. The following	ne, vaults or other i lot or plot. Cost of s etery Division be res ut reserves the right	mprovements of lil same shall be assu sponsible for dama to remove any o	re nature that is alreat med by legal owner of ge, malicious mischie	ady, or may here- r representatives ef, vandalism and
Rw. Pohne	Flush Marker	or Monument	=	
Cemetery Manager		; -		

E6080

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK ALIOTOR GOLDENROD RETAIN

CITY OF SAN DIESO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-2161

Nº 33615

From d. Maisheff	Address 5703-58th	Date: LS-0: Pl SLCO	92115
In See M. Payment of 14a. Ka three Grave &	anny Meyer	to to	Division 2
Invoice No	HOT VALID FOR PURPOSE STATED UNLESS STAMPED TAND IN THIS SPACE. CITY AUGUSTOS AUG 07 1986	CREDIT 87007 87007 20% Sales Cure 771 84 800% Sales 100 771 84 900 800 900 900 900 900 900 900 900 900	
Pre-Need At Need On Acct C	BOURD BY B. Sang	Recording face or 100 miss, earwice fees 77163 SO101 Solico Test SOIIO TOTAL PAID S	3500

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego horized and instructed, subject to your rules and regulations, to inter the remains 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 any billed to undersigned. War time veteran . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees ... Recording and filing fee 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

Tin Crede

Invoice #

Work Order # PY-683 (REV. 8-86)

Lucille Muller 3711 Herman ave #8 LD Ca 92104 LUCILLE MULLER

3711 HERMAN AVE #8

SAN DIEGO PA.

92104

WALTER P WOLFGRAMM
LEAVENITA K WOLFGRAMM
1076 WOODLAWN AVE.
CHULA VISTA CA. 92011

GRAVES 1,2,3, LOT 300 GARDEN OF PEACE

(Statutory Form)

of Yort Ang	6	. City of Clallan
County of	, Washington, i	for and in consideration of
convey and quit-	claim to Doris Mas	07
5 R	of	
n the City of $\frac{S_c}{}$	County of Sillowing described Real Estate:	an Regio, State of California
Lé	st 10 Grave 2 Sec	tion Massaic Division "O"
4		
2 =		
0 9	150	
7 357 5		
+ 3		
V. T		
		Till and the state of the state
ituated in the Cour	Sun Dieko	State of Washington Shat of Calif
ituated in the Cour Dated this <u>30</u>	<u> </u>	, State of Washington. State of California, 19_84
ituated in the Cour Dated this <u>30</u>	_ day of Hugus \	ntor(s) Elmer Mars till
ituated in the Cour Dated this <u>30</u>	_ day of Hugus \	ntor(s) Elmer Mars till Lie Warshall by Elmer Ma
ituated in the Cour Dated this <u>30</u>	_ day of Hugus \	ntor(s) Elmer Mars till
Dated this30	Granday of Hughs	ntor(s) Elmer Mers till Lio. Warshall by Elmer Ma i mask-unable to signo insered by Garage Retire off interested by Garage Retire off interested by Garage Retire off
TATE OF WASHI	Granday of Hughs	ntor(s) Elmy Mustell Lio. Warshall by Elmer Ma i mark-unable to signs witnessed by Garage Rees off witnessed by Garage Rees off
TATE OF WASHI	NGTON,	ntor(s) Elmer Mers till lie Warshell by Elmer Ma mask-unable to Signo winessed by Garage Return off winessed by Garage Return off winessed by Garage Return off (Individual Acknowledgment)
Dated this	NGTON, lam Notary hat on this 30th day of	ntor(s) Elmi Marshell by Elmis Ma in mark-unable to Sign witnessed by Garage Place off witnessed by Garage Place off (Individual Acknowledgment) Public in and for the State of Washington Quared , 19 81, personally
Dated this	NGTON, lam Notary hat on this 30th day of	ntor(s) Elmy Marshall by Elmis Ma In Marshall by Elmis Ma (Individual Acknowledgment) Public in and for the State of Washington Quant 19 81, personally and who executed the within instrument and their free and voluntary ac
Dated this	Aday of Hugus I Gran NGTON. Ss Notary hat on this 30th day of 1 Elman Machael a the individual 5 described in an signed the same as	Intor(s) Elmi Marshell by Elmi Ma I mark-unable to Sign I mark-un

POWER OF ATTORNEY

SPECIAL

(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute ar appoint James A. March d.b.a. March Associates principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit: (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as: Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 #TM						, the undersigne
appoint James A. March d.b.a. March Associates principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit: (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as: Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to intents and purposes, as principal might or could do it 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 Gay of Mascella State, personally appeared Defits Masc	(iointly and severally	if more than one.	hereinafter colle	ctively "princ		A DESCRIPTION OF STREET AND ASSESSMENT
principal's true and lawful attorney to act for principal and in principal's name, place and stead and forincipal's use and benefit: (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as: Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a intents and purposes, as principal might or could do it personally present, hereby railiying and confirminal 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 day of MARCH JAMACH JAMACH JAMACH OFFICIAL SEAL MELVIN J BOX MOTARY PUBLIC -CALIFORNIA OFFICIAL SEAL MELVIN J BOX MOTARY PUBLIC -CALIFORNIA OFFICIAL SEAL MELVIN J BOX MOTARY PUBLIC -CALIFORNIA MELVIN J BOX MOTARY PUBLIC -CALIFORNIA MELVIN J BOX MOTARY PUBLIC -CALIFORNIA OFFICIAL SEAL MELVIN J BOX MOTARY PUBLIC -CALIFORNIA	AMERICAN CONTRACTOR OF THE SECOND STATES OF THE SEC		West No. ATLASTICATION AND AND AND AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF TH	ALTERNATION THE TAXABLE PARTY OF THE PARTY O	Western International Control of the	
principal's use and benefit: (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as: Lot 10 Grave 2 Masonic Division 0 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 a rand thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to 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 # The day of MARCH Agenty March March 1 Box Notary Public Agenty Public Agenty March 1 Box Notary Public Agenty March 2 Box Notary Public Agenty March	appoint values i	II MALLII UIU	iai mai cii	ABBULIA		
pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as: Lot 10 Crave 2 Masonic Division 0 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 tull power and authority to do and perform each and every a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to another and purposes, as principal might or could do it 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 Holder Masser and All State, personally appeared Declis Mascr. In this Lie day of Mascret in the year 19 La before me, the undersigned, a Notary Public of the within Instrument, and acknowledged to me that She_executed it. OFFICIAL SEAL MELVIN J BOX MEL			act for principal	and in princip	oal's name, place	and stead and fo
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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 Aday of Delice March in the year 19 Le before me, the undersigned, a Notary Public on the within instrument, and acknowledged to me that She_executed it. OFFICIAL SEAL MEVIN J BOX MOTARY PUBLIC CALIFORNIA	(a) To perfor	rm and sign i	n (his/her/	their) pl	ace in all m	atters
Property described as: Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 474 day of MARCH INTERSON DIFFICE ALLY MARCH IN THE STATE OF CALIFORNIA Desconally known to me (or proved to me on the basis of satisfactory evidence) to be the person_whose name	pertainin	ng to the sal	e, disposal	, use, or	to give bur	ial rights
Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 ARCH IN THE JEST DESC IN THE CALL PRINCIPLE SEAL MELVIN J BOX. WITNESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX. MOTARY PUBLIC CALLEDONNIA	to any or	ther party or	parties to	that cer	tain parcel	of Cemetery
Lot 10 Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 ARCH 19 Country OF SAN DIEGO On this 4 This day of MARCH 19 Country of San Diego 19 Count	Property	described as	•			
Grave 2 Masonic Division 0 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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a intents and purposes, as principal might or could do if personally present, hereby ratifying and confirminally 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 477 day of MARCH Aday						
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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 Aday of MARCH In the year 19 STATE OF CALIFORNIA Decisionally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribe to the within instrument, and acknowledged to me that She executed it. WITNESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA MOTARY PUBLIC - CALIFORNIA OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA		AND CONTRACTOR OF THE PROPERTY.				
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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 The day of MARCH All March In the year 19 State of California State of California The day of The		200 ACC 100 BO CO	ivision 0	(1)	. w	
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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 47 day of 1966 Decrease of the within instrument, and acknowledged to me that She_executed it. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC CALIFORNIA		Mt. Hope	Cemetery		565 5 01 =	13
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 a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 47 day of 1966 Decrease of the within instrument, and acknowledged to me that She_executed it. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC CALIFORNIA	12.			-	S = 1/8/9	
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Principal hereby grants to said attorney in fact full power and authority to do and perform each and every a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a intents and purposes, as principal might or could do it 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 47 day of MARCH 19 Section 19 Sectio						
Principal hereby grants to said attorney in fact full power and authority to do and perform each and every a and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a contents 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 The day of MARCH James 19 State OF CALIFORNIA Description of the year 19 State of california and contents and acknowledged to me that The executed it. WITNESS my hand and official seal.						ren,
and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to a 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 Aday of ARECH John this Aday of Deficial seal. WITNESS my hand and official seal.	provided	no sare to t	u brocess a	ic chac ci		
STATE OF CALIFORNIA COUNTY OF SAN DIEGO In this 4 TH day of MARCH in the year 19 H, before me, the undersigned, a Notary Public and for said State, personally appeared Dorle MASON in the person whose name 15 subscribe to the within instrument, and acknowledged to me that She_executed it. WITHESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	all that our said attor	rney in fact shall la	wfully do or cau the singular num	se to be done ber includes	by authority hered the plural.	of.
STATE OF CALIFORNIA COUNTY OF SAN DIEGO In this 4 TH day of MARCH in the year 19 H, before me, the undersigned, a Notary Public and for said State, personally appeared Dorle MASON in the person whose name 15 subscribe to the within instrument, and acknowledged to me that She_executed it. WITHESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	wherever the co	Se STATE OF THE PARTY OF THE PA		1004		4 M
On this	wherever the co	is 4 TH	_ day of///	726/		19.66
On this	WITNESS my hand th	nis 4 TH	_ day of	ZMIN	masse	, 19_76
On this	WITNESS my hand th	nls 4 TH	_ day of	Trus	mane	, 19_76
On this	WITNESS my hand th	nis 4 TH	_ day of	Tous	man	, 19.76
On this	WITNESS my hand th	nis 4 TH	day of	mis	man	, 19_7 6
On this	WITNESS my hand th	nis 4 TH	_ day of	mis	mane	, 19_2/ 6
On this	WITNESS my hand th	nis 4 TH	_ day of	mis	mane	, 19.76
personally known to me (or proved to me on the basis of satisfactory evidence) to be the personwhose name	WITNESS my hand the	nis 4 TH	day of	mis	maso	, 19.26
personally known to me (or proved to me on the basis of satisfactory evidence) to be the personwhose name	WITNESS my hand the	nis 4 TH	day of	mis	masse	, 19_2/6
WITNESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA	DIEGO		Tous	maso	
WITNESS my hand and official seal. OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA COUNTY OF SAN TO	oles 4 TH day of	}ss.	Tous	maso	
OFFICIAL SEAL MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA COUNTY OF SAN TO	oles 4 TH day of	}ss.	Tous	maso	
MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA COUNTY OF SAN TO On this 4 TH and for said State, personally	day of	ss. MASCN of satisfactory evidence	in the year 19 &	G, before me, the unders	gned, a Notary Public I
MELVIN J BOX NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA COUNTY OF SAN TO On this 4 TH and for said State, personally	day of	ss. MASCN of satisfactory evidence	in the year 19 &	G, before me, the unders	
NOTARY PUBLIC - CALIFORNIA	STATE OF CALIFORNIA COUNTY OF SAN TO On this 4 TH and for said State, personally personally known to me (or personally known to the within instrument, and	day of	ss. MASCN of satisfactory evidence	in the year 19 &	G, before me, the unders	gned, a Notary Public I
Notary Public in and for said State.	STATE OF CALIFORNIA COUNTY OF SAN TO On this 4 TH and for said State, personally personally known to me (or personally known to the within instrument, and	day of	ss. MASCN of satisfactory evidence	in the year 19 &	Sectore me, the unders	gned, a Notary Public I
	STATE OF CALIFORNIA COUNTY OF SAN TO On this 4 TH and for said State, personally personally known to me (or personally known to the within instrument, and	day of	ss. MASCN of satisfactory evidence	in the year 19	Spetore me, the unders whose name	gned, a Notary Public
	NITNESS my hand the state of California ounty of San Ton this 4 the notion said State, personally ersonally known to me (or posted within instrument, and office of the within instrument, and office of the within instrument.	day of	ss. MASCN of satisfactory evidence	in the year 19 2	Spetore me, the unders whose name	gned, a Notary Public

OFFICIAL RECEIPT

	-
•	B.Mar
A.	44.17
	de la
	Christ, Charles

WHITE TO CUSTOMER BLUE CEMETERY PINK AUDITOR VELLOW RETAIN CITY OF DAM DIEGO, CALIFORNIA.

No 14092

TELLOW RETAIN	MOUNT HOPE CEMETERY	
FROM They They	2608 192 x	DATE 11- 9 1066
IN SELL PAYMENT OF	DOLLARSIS	(45,00
LOT GRA	350	TION 19 25 SLEECH C.
INVOICE NO CO :- 15	PAID	SALES CARE 951 ~ 50
-3783	Nov 9 (CC)	100 OFENINGS 7781
	MT. HOPE CEMETERY	100 80xES 7782 9EMOVALS 100 FOUNDATIONS7783
UNPAID BALANCE	_ للسراعية على وزار و العام ١٩٥١	-TOTAL PAID \$ 1975 615

F - bu 4 - 212

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 11/14/1366

2741

DAGD

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elmer & Alive Marshall				for the sum of \$ 14	(DOLLARS)			
LEGAL DESCRIPTION	Lot	10	Grave	2	Section Wasonic	Division	"0"	
AS DESCRIBED ON PURC	HASE	ORDE	R NUMB	ER	C-3783			

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 hareafter 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. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

FLUSH MARKER OR MONUMENT

The Quant

E6081

Public Works Director

OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33620 CANARY..... CEMETERY **MOUNT HOPE CEMETERY** 264-3181 Payment of Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 77184 Invoice No. AUG 02 JUNE 20% Sales Care 60% Spice 100 77184 Acet. No of Lots Openings & 77181 Service Charges Unpaid Balance Burlel after this Payment Container Recording fees or misc. service fees On Acct Pre-Need At Need 1 8020 ISSUED BY **TOTAL PAID** AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

nemod	City of San Diego	
Must for	Date 08-06-	96
6the	octed, subject to your rules and regulations, to inter the rem	naine
of CAUS	Carrymeex	_
in a	Funeral, date, timeMort	luary
All Funeral cars must arrive before 3.	:30 p.m. of regular work day or an extra charge will be ap	plied
and billed to undersigned. War time		
11-12	- 72	-
Lot 75/9 GraveRov	w Section Division/84eck	<u></u>
	hono	0
Grave space & Care Fund	1/0/100	CO
Additional spaces and care fund		117
Opening/Closing & Setup	PAID 320	00
Burial Container	100	0
Handling Fees	NOV 1 7 1986 1465	-0
Appartment of the control of the con		
Flower vases - Marker setting fee	MT. HOPE CEMETERY	-0
Recording and filing fee	TIY - SAN DIEGO, CALIR.	11
Sales taxes		-
	Total Due	0=
1-86	Paid receipt number 33623 200	20
0.00	Balance due 400	,0
	Balance due 755	
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any liability on account of said autho	of the above named deci- sposition of remains as above indicated. I certify and repre- prization and lagree to held Mt. Hope Cemetery harmless prization and interment.	eser
	Lamos Cross	
I hereby authorize the interment in k hold under deed,	or 1 Superior attached	-30
Signature of recorded holder of dead	Address	
-414t	State	Zip Co
	Telephone	
	Invoice #	
Work Order # E 6082		
Work Order # E DUO &	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 pervices 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

1. 1	INTERMENT ORDER	
rénéed.	City of San Diego	na a
Tourt do	1)	118-16-80
just you	Date	<i>V V V V V V V V V V</i>
You are hereby authorized and	instructed, gubject to your rules and reg	ulations, to inter the remain
of the	6 Campuell	
	/	2-25-W
in 8 Veuit/Liner	Funeral, date, time	
Church, Chapel, Graveside		Mortuar
All Funeral cars must arrive be	efore 3:30 p.m. of regular work day or ar	extra charge will be applie
and billed to undersigned. Wa	r time veteran	
4519	Row Section	
Lot / Grave	How Section	- Division/ Blook
Grave space & Care Fund		menere
	nd,	
경시기계() (경영영 <mark>)</mark> (회원(영영영영영영영영)		2001
Burial Container		111-6
Handling Fees		/43 =
	fee	
Recording and filing fee	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	عَكِثَ
Sales taxes	**********************	60
330131313131313131313131313131313131313	Total Due	1.016
6-86	Paid receipt number 334	
6-00	raid receipt fidiniber 122 2	(101-
		Balance due 700
I hereby certify I am the		of the above named deceder
and this is your authority to me	ake disposition of remains as above ind is authorization and I agree to hold Mt. H authorization and interment.	cated. I certify and represe ope Cemetery harmless fro
	284.00	Commo Koo
I hereby authorize the interme hold under deed.	int in lot 1	10
TO THE PROPERTY OF THE PARTY OF	Address Address	Comment
Signature of recorded holder of deed	State State	72037
7-2-01 0-1	H54	9815
1. 1.576 17434 W 40		
Work Order # E 6082	Invoice #	

PY-693 (REV. 8-85)

10-20-86 33854 200 \$\frac{10-20-86}{5206}\$

11-17-86 33923 206

-0-

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

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

Pinkham Mitchell Imperial Beach Mortuary

808 Thirteenth Street Imperial Beach, California 92032 Telephone (619) 423-4787



August 5, 1986

To: Mount Hope Cemetery 3751 Market Street San Diego, California

Dear Sir:

Enclosed is our check (#5320) in the amount of \$200.00. Subject amount to be applied on account for Ethel Campbell regarding opening/closing charges and liner for self.

Sincerely,

RICHARD C. MITCHELL, President

Mitchell Mortuaries



1205 Florence St Imp. Beach 92032

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33623 MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. 67007 77184 * Invoice No 80% Salas AUG 07 1980 77184 Acct. No Unnaid Balance after this Payment a Recording less or 100 misc, service less 77183 On Acct 8020 AC-212 (Rev. 8-85)

-OFFICIAL RECEIPT



WHITE TO CUSTOMER
CAMARY CEMETERY
PINK AUDITOR
GOLDENBOD RETAIN

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

Nº 33854

From the Cample	in I nel or	Dete:	20 10/6 Exta 960
Invitet Payment of F	reserved must	dipas	Division //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	SON Sales 7	1000 1000 1000 1000 1000 1000 1000 100
Unpeid Balance efter this Payment	OCT 24 1981	Guriol Containers 7 Recording fees or misc. services fees	700 7181 100 7182 100 7183
Ck Cash C	ISSUED BY B. Nange	6 303 - 902 TOTAL PAID	2. 200 10

Case # 13304

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-06-86

Bally Bo	y Blackledge
8 A	oneral date time Tuesday - 9:30
Yault/Lines	- Mayer Morty
hurch, Chapel, Graveside	1 281-7055
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be app
nd billed to undersigned. War time veteran	23x 11x (7%+) -
Grave - Row	Section / Division/Block 9
N-222 51010 110W	
rave space & Care Fund	198
dditional spaces and care fund	
pening/Closing & Setup	• /
urial Container	444
andling Fees	
ower vases - Marker setting fee	
ecording and filing fee	
AA AA	772
leddy	Total Due
My Dager Paids	receipt number
and Hager	Balance due
OPA	
hereby certify I am the	of the above named dece
nd this is your authority to make disposition at I have the right to make this authorization	n of remains as above indicated. I certify and repre in and lagree to hold Mt. Hope Cemetery harmless
ny liability on account of said authorization	and interment
	Went all
hereby authorize the interment in lot I	Signatur
	5201-A Ruffin
passure of recorded holder of deed	Du) Ca 92123
) T
	Telephone
	and the second of
	DULLUI

T		T FOR POSITION USE BLACK INK—MAKE NO ALT		MAINS Sash	mda ,	
NAME OF EDEN	A CONTROL OF SPECIAL PROPERTY AND ADDRESS OF THE PARTY OF	A STATE OF THE STA	sex Hajro	Aug. 2, 1986	August 2, 1986	
PLACE OF DEATH	CITY OR TOWN	PLACE OF DEATH—COUNTY IOR :	STATE IF NOT IN CALIFORNIA)		PE SPOUSE OR OTHER INFORMANT	
TOTAL STREET,	S OF FUNERAL DIRECTOR FOR PERSON A LAND AV.		IFORNIA LICENSE NUMBER	2799 Health Center Drive San Diago, CA. 92111		
Section 1.	2859 TYPE OF PER	MIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES O	F DISPOSITION		
1. BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BUR ENTOMBMENTI	HAL (INCLUDES	8 DISINTERMENT AN	D REINTERMENT OF CREMATED ES INURNMENTI	
2 CREMATION	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMATI (INCLUDES INURNMENT)	ION, AND BURIAL		CREMATED REMAINS AND	
3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	7 DISINTERMENT, CREMAT	ION, AND DISPOSITION	FOR CORO	ONER'S USE ONLY	
4 SCIENTIFIC	USE	OTHER THAN IN A CEME	TERY	☐ 10. DISPOSITION PEN	DING	
INTERMENT	ME Hope Cemetery W		MAINS ARE TO BE INTERRI	ED !	Sen Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY V		DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUFF	ICIENT TO IDENTIFY FINAL	. PLACE AND COUNTY OF	DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS				
ACKNOWLEDGMENT	This is to certify that I am the per remains of the above named dece		SIGNATURE OF APPLICA	ATURE OF APPLICANT		
OF APPLICANT	and I hereby acknowledge that to this permit gives no right of unres	espass and nuisance laws apply	and understand that	DATE SIGNED	.,	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I	DE AND IS THE 3.00	DATE PERMIT ISSUED	SIGNATURE OF LOCAL F	REGISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	NTER DATE)	PERSON IN CHASE OF	SITION LICEN	SE NUMBER OF CREMATED REMAIN SER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0		- 19h	

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

ANOTHER COUNTY

E6083 100 072

17101 350012 77104 000072

45.60 25.00

Leavitt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-06-86

You are hereby authorized and instru	cted, subject to your rules and regulations, to interature mains
of Land	faul deavet &
ina (ISD Vauli	Funeral, date, time Mon 8/11 Am
Church, Chapel, Graveside	wer : Treenwood Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	veteran
1 11 2	17 7
Lot / Grave Ro	w Section Division/Black
Grave space & Care Fund	Theneed
Additional spaces and care fund	
Opening/Closing & Setup	DAID 1050
Burial Container	PAID 400
Handling Fees	MIG 6 1001
Flower vases - Marker setting fee	100 0 1980
Recording and filing fee	MT. HOPE CEMETERY
Sales taxes	TTY at SAN DIEGO, CALIF. 240
	Total Due 42 40
8-6-86	Paid receipt number 33624 24240
0-0-06	Balance due
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any liability on account of said autho	of the above named decedent sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from orization and interment.
I hereby authorize the interment in le	Ot 1 Beverly Learth
hold under deed.	7140 Jamada Road
Signature of recorded holder of deed	State Diego (a 92114)
	State 264-0129 Telephone
F 000:	Invoice #
Work Order # E 6084	Acct. #

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33624 MOUNT HOPE CEMETERY GOLDENBOD RETAIN 284-3151 Division Block Grave. NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No 80% Sales Acct. No. of Lots Unpaid Balance Durini after this Payment On Acct Pre-Need 9000 TOTAL PAID AC-212 (New, 8-86)

Ship in for Burial

PERMIT FOR DISSISTION OF HIMAN REMAINS

ISE BLACK INK-MAKE NO ALTERATIONS OR ERASURES



		DOE DOTER HAR MOTHE THE	PETERATION ON CIGIODIC	72		
NAME OF DECEDEN	David Paul Leavitt		Male	DATE OF BIRTH	DEFOUTABLEATH	
		F-100-00-00-00-00-00-00-00-00-00-00-00-00		Dec. 22, 1959	June 10, 1986	
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY	OR STATE IF NOT IN CALIFORNIA		SPOUSE OR OTHER INFORMANT	
	Mohave Valley	Arizona		Beverly Leavit		
NAME AND ADDRES	SS OF FUNERAL DIRECTOR (OR PERSON A	ACTING AS SUCHI	CALIFORNIA LICENSE NUMBER	7140 Jamacha R	(2) (2) (2) (3) (4) (4) (4) (4) (4) (5) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	
enwood Mort	t, I-805 & Imperial A	ve., San Diego, C	A F-843	San Diego, Cal	ifornia 92114	
	TYPE OF PER	RAIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES OF	DISPOSITION		
1. BURIAL (IN	CLUDES ENTOMBMENT)	5. DISINTERMENT AND ENTOMBMENT)	BURIAL (INCLUDES X	8. DISINTERMENT AND P	REINTERMENT OF CREMATED INURNMENT)	
2. CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREI		9 DISINTERMENT OF CR	EMATED REMAINS AND THAN IN A CEMETERY	
3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A		LANTION AND DISPOSITION	EOR CORONI	ED'S LISE ONLY	
4 SCIENTIFIC USE		7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY 10 DISPOSITION PENDING		
MONO DESAUSSAS	NAME AND ADDRESS OF CEMETERY	WHERE REMAINS OR CREMATED	REMAINS ARE TO BE INTERRE	D COL	UNTY	
INTERMENT	Mount Hope Cemetery,	3751 Market Stre	eet, San Diego,	CA	San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY NA	WHERE REMAINS ARE TO BE CREE	MATED DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE NA	LINE, OR OTHER DESCRIPTION S	SUFFICIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DIS	SPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS		V		
ACKNOWLEDGMENT	This is to certify that I am the p remains of the above named dec			SIGNATURE OF APPLICANT		
OF APPLICANT	and I hereby acknowledge that this permit gives no right of unre	tresposs and nuisance laws a	pply and understand that	DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WI OF THE CALIFORNIA HEALTH AND SAFETY C AUTHORITY FOR THE DISPOSITION SPECIFIED	ODE AND IS THE \$3.00	AUG 0 7 1986	SIGNATURE OF LOCAL REG	made M.D. Al	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISSOSITION WAS MADE ON	SIGNATUR	e of person in charge of the	DISPOSITION LICENSE DISPOSE	NUMBER OF CREMATER REMAINS H. IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR O	F COUNTY OF DEATH	, 1	returi.		

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

INTERMENT ORDER

City of San Diego

8-8-86

of The state of	neval data time #2PM-Mon-8/1
in a Vauli Liner Full	neral, date, time
Church, Chapel, Graveside	- Fagodale Mortuan
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	
10	10
Lot Flow	Section Division/Block
Grave space & Care Fund E -2	277 Aprenes
Additional spaces and care fund	,
	22000
Opening/Closing & Setup	1000
Burial Contain D. A	111-15
Handling Fees	/43 =
Flower veses - Mades stiting fee	
Recording and filing fee	3500
MT. HOPE CEMETERY	600
CITY & SAN DEGO, CALIF.	Total Due
elled by	27120/ 70/0
Paid re	ceipt number 23 5 5 X 60 6.0
aruella	Balance due
2- 0-	
I hereby certify I am the and this is your authority to make disposition	of remains as above indicated, I certify and represen
that I have the right to make this authorization any liability on account of said authorization a	and lacree to hold Mt. Hope Cemetery harmless from
any natural on account of said addition statutes of	The months.
I hereby authorize the interment in lot I	V. 400 (1990)
hold under deed.	Signeture
Signature of recorded holder of deed	Address
Signature or recovered increase on ones	State Zip Co
	Talephons
Work Order # E 6085	Acct.#

			1	
OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUGITOM GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 8	33638	-st
From John & Favor	h Address 6760 Char	lane an - S.B.	92119	900
in full Payment of A	tunent few John & Fe	awov, Sw.		
Lot 60 Grave	NOT VALID FOR PUMPOSE STATED UNLESS STAMPED	creorr 67007 20% Sales Care 77184	Division /	10 -
Acct. No	NUG 1 3 100 22	80% Salas 100 of Lots 77194 Openings & 100 Service Charges 77181	320	1 /
Unpaid Balance after this Payment	~	Burisi 77182 Containers 77182 Recording fees of 80000 miss; service fees 77183	100	1
Pre-Need At Need On Acct C	ISSUED STEERING THE	Spine Tex 8020 TOTAL PAID 6	606	00

THE RESERVE OF THE PARTY OF THE



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	iT.			SEX	DATE OF	BIRTH	DATE OF DEATH	
(Place)	JOHN DEVINE FAVORS	3		Male	7506701554368001	5, 1898	August 7, 196	36
PLACE OF DEATH-	city or town San Diego	III O HE DANGED CONTRACTOR TO THE	Diego	E IF NOT IN CALIFORNIA)	John	D ADDRESS OF S	POUSE OR OTHER INFORMA	
A STATE OF THE PARTY OF THE PAR	SS OF FUNERAL DIRECTOR (OR PERSON AC CTSON-RAGS de la Mortue l			RNIA LICENSE NUMBER 329		Charlene 1ego, CA		
	TYPE OF PERA	AIT, CHECK ONLY (ONE OF THE FO	OLLOWING TYPES OF	DISPOSITI	ON		
II 1 BURIAL UN	ICLUDES ENTOMBMENT)	5 DISINTERMI	ENT AND BURIAL	INCLUDES		TERMENT AND F	REINTERMENT OF CREMATED	83
5-1-5-11 (TATAMETER)	N AND BURIAL IINCLUDES INURNMENTI	6 DISINTERMI	ENT. CREMATION.	AND BURIAL			EMATED REMAINS AND THAN IN A CEMETERY	
3 CREMATIO CEMETERY 4 SCIENTIFIC		7. DISINTERMI OTHER THA	ENT, CREMATION IN A CEMETER	AND DISPOSITION		FOR CORONI	ER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W			유리 (원리리) (원리) (리리 리스 (원리 리스 리스	D	1000000	San Biego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO	D BE CREMATED	DATE CREMATED	SIGNATUR	E OF PERSON IN	CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS			RIPTION SUFFICIE	NT TO IDENTIFY FINAL	PLACE AND	COUNTY OF DIS	POSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS						
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest	dent under provisions repass and nuisance	ns of the Health laws apply an	and Safety Code, d understand that	SIGNATUR DATE SIGN	E OF APPLICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED II	E AND IS THE \$3.	T OF FEE PAID	AUG PER IT IS 1506	SIGNATUR	TOE LOCAL BEA	STRAN ISSUING PERMIT	Who
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	1 1 1986 s	SECTION SECTION SECTION	RSON IN CHARGE OF D	ISPOSITION		NUMBER OF CREMATED REN 7, IF APPLICABLE	IAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH						

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

INTERMENT ORDER

City of San Diego

Date 8-8-86

na Belldenin Fu	uneral, date, time Mon-2PM 8/1	1
Church, Chapel, Graveside	ile Sumphely Mor	tuar
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be ap	plie
and filled to undersigned. War time veteran	No.	
17 9	2	1
of Grave 7 Row	Section Division/Block	_
Crown engen & Corn Fund	250	20
Srave space & Care Fund	72	
Additional spaces and care fund	220	0
Opening/Closing & Setup		0
Burial Container	100	-/
landling Fees	1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
lower vases - Marker setting fee	11.17 18.	_
Recording and filing fee	1111	0
Seles taxes	6	or
A. D	Total Due	2
NZDW		
- Falcin	receipt number	
	Balance due	
hereby certify I am the MoC	huc of the above named dec	ede
and this is your authority to make disposition	n of remains as above indicated. I certify and repr in and I agree to hold Mt. Hope Cemetery harmless	ese
any liability on account of said authorization	and interment.	
	South I lite	•
hereby authorize the interment in lot I	Signatura Rott miles	,
		_
nold under deed.	Matrian and Color of Color	11.
nold under deed.	SANDIEGO Q 92	Do Co
nold under deed.	(6/9) 2639052	Do Co
nold under deed.	"SAN DIEGO QU 92, (6/9) 2639052	Do Co
Pagenture of recorded holder of deed.	10000 # 046645	Zip Gr

Capy of work order Maugann Lallagher Sent to Victimo asst. POBOX X-1011 AD Ca 92112-9910

7

5 ¹ √ 046645 09/08/86 016682 OF	FICE OF DISTRICT ATTO 100 072 100 072 100 072	77181 000072 77182 000072	/87. CK . E6086	856-00 320-00 y 100-00	856-00	PAID IN FULL
E-6086	100 072 100 072 100 072 100 072 100 072 60101 67007	77183 000072 77184 000072 9020 77184	mt. Hope	180-00 180-00 200-00		27 - 1 - W
1	67007	77184		50-00		7

¥4

PERMIT FOR SPOSITION OF HUMAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	THERESA MARKE BREWI	3	SEX FEMALE	DATE OF BIRTH SEPT 18, 1959	AUC 3, 1986	
PLACE OF DEATH—CITY OR TOWN PTUE VALUET NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON AC		PLACE OF DEATH—COUNTY (OR S		LORETTA CELESTINE MOTHS		
	SS OF FUNERAL DIRECTOR FOR PERSON AC MORT. 2410 E. STE ST.		FORNIA LICENSE NUMBER P-1192	3975 DOSTON AV Sam Diego, CA		
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	F DISPOSITION		
T 1 BURIAL (IN	ICLUDES ENTOMBMENT)	5 DISINTERMENT AND BURI	AL (INCLUDES	B DISINTERMENT AND F	REINTERMENT OF CREMATED INJURNMENT)	
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMATII	ON, AND BURIAL	9 DISINTERMENT OF CR	EMATED REMAINS AND THAN IN A CEMETERY	
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CREMATING OTHER THAN IN A CEME			ER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W			ED COI	SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CHEMATORY W	HERE REMAINS ARE TO BE CREMATE	D DATE CREMATED	SIGNATURE OF PERSON IN	CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFFI	CIENT TO IDENTIFY FINAL	. PLACE AND COUNTY OF DIS	POSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the Hea espass and nuisance laws apply	ith and Safety Code, and understand that	SIGNATURE OF APPLICANT DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	EAND IS THE 23.00	AUG "0"8" 1986	SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT CO.	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE OF	PERSON IN CHARGE OF E	DISPOSITION UCENSE DISPOSEI	NUMBER OF CREMATED REMAINS R, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH				

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

34103 OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT 1-14-87 WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care 80% Sales Burial Containers 77382 BALANCE DUE Handling Fee 77183 Recording & Misc. Fees Pro-Need 60033 Pre-Need Lot On Acct Trott Pre-need Trust Selec Tax TOTAL PAID AC-212 (Rev. 11-95)



Buriele

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-08-86

J 77	ESTA
You are hereby authorized and instructed, sub	jest to your rules and regulations, to inter the remains
of marina of	Delse
in a Self Line Fu	neral, date, time //// 8///
Church, Chapel, Graveside	: Teatherngil Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	
3/2 /	2 /2
Lot Grave Row	Section Division/Block
Grave space & Care Fun (. D. I.P)	Meneed
Additional spaces and care fund	
Opening/Closing & Setup	
Buriel Container	
Handling Fees	
The state of the s	ill weight 2000
Recording and filing fee	PE CEMETERY. 3500
Salas taxas	OPE CLEOO, CALL
Mad hun	Total Due 3507
Old Paid re	eceipt number 33639 35700
ally	Balance due
	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	Soneties
hold under deed.	Address
Signature of recorded holder of deed	
8	500000000
	Telephone
III.	Invoice #
Work Order # E 6087	Acct. #
A TRANSPORTER CONTRACTOR OF THE PROPERTY OF TH	the state of the s

OFFICIAL RECEIPT WHITE TO CUSTOME CANANY CRACTER PWIK AUDITO GOLDENROD RETAI	MOUNT HUFE GEMETERT	Nº.	33639
From: Featherngill M. Butthewin of	ntury Address: 6322/Caji	Date: Sandie	92/15
martha Lim Lot 36 Grave	no Borgen Beish	ection 3	Division / 2
Acct. No. F-608	NOT VALID FOR PRINTSE STATED WESS STAMPED PAID IN THE SPACE 2 3 19 23 2	CREDIT 20% Sales Care 777184 80% Sales Care 77184 80% Sales 77184 Openings & 100 Sarvice Charges 77181	
Unpaid Balance after this Payment On Acct		Sustain 77183 Meanwhite Seas or 100 mile; survice Seas 77183	250
Ct V Can 5133	ISSUED BY	NO.	35-00

PERMIT FOR POSITION OF HE AN REMAINS



NAME OF DECEDEN	ACC		SEX	DATE OF BIRTH	DATE OF DEATH
PLACE OF DEATH		PLACE OF DEATH—COUNTY	Female IOR STATE # NOT IN CALIFORNIA		1906 Aug. 8, 1986 ess of spouse on other informant on E. Beish, Jr., son
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PERSON A		CALIFORNIA LICENSE NUMBER 1083		Vernon Ave.
	TYPE OF PER	MIT, CHECK ONLY ONE OF	THE FOLLOWING TYPES (OF DISPOSITION	
A 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND ENTOMBMENT)	BURIAL INCLUDES	B DISINTERMENT REMAINS IN	T AND REINTERMENT OF CREMATED CLUDES INURINMENT).
2 CREMATION	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, CHI	MATION, AND BURIAL ENTI		NT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7. DISINTERMENT, CRE OTHER THAN IN A	MATION, AND DISPOSITION CEMETERY	FOR C	CORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W			RED	San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY	WHERE REMAINS ARE TO BE CRE	MATED DATE CREMATED	SIGNATURE OF PE	RSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNT	Y OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RE	CEIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the pr remains of the above named dec and I hereby adknowledge that t	edent under provisions of the respass and nuisance laws o	e Health and Safety Code, apply and understand that	>	PLICANT
LOCAL REGISTRAR	This permit gives no right of unrea THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIES	TH PROVISIONS AMOUNT OF FEE		SIGNATUR ST LO	M. C. ISSUING M. D. MAT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON	NTER DATE	OF PEASON INTO ARGE OF	DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF) - 1 - 1	- IX	

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

INTERMENT ORDER

City of San Diego

Date 8/8/86

BO REPORTED AND IT IN THE IS NOT IT		65
D. a. (I)	bject to your rules and regulations, to inter the n	emains
of Barry Carra	Mon-Mon- R-	.11
in aFi	uneral, date, time	-11
Church, Chapel, Graveside	the ; nagostale M	ortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be	applied
any billed to undersigned. War time veteran	No .	
120		2
Lot 630 Grave Row	Section Division/Block Division/Block	7
		200
Grave space & Care Fund		~
Additional spaces and carried	(4)	1110
Opening/Closing & Setup		4
Burial ContainerAUG 1 1		
Handling Fees		
Flower vases - Marker MT HOPE CEME	TERY -	
Recording and filing	(CALIK.)	3500
Sales taxes	79	9 00
- O Carlot alida	73/77 166	-
Paid r	eceipt number 3263/ L97	_
Callin	Balance due	_
hereby certify I am the	of the above named do of remains as above indicated. I certify and re	
that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemetery harmle	ss from
any liability on account of said authorization	and interment.	
hereby authorize the interment in lot I		
hold under deed.	Signature	
Signature of recorded holder of deed	Address	
	State	Zip Code
	Talaghana	
F 0000	Invoice #	
Work Order # E 6088	Acct. #	
AV 546 (BA) 6 AC	1678 AND NO.	

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR RETAIN From: CLIENCE SURVEY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 5304 Church	Nº 8/1	33637 1 72114	. SK
1	In full Payment of Source Invoice No.	termina of Baby -	Dollars (4	199 2 Division 9 Block 9)
•	Acct. No. W.O. F-6088 Unpeid Balance after this Payment Pre-Need At Need On Acct C	AUG 19 STOR	80% Sales 100 of Loss 77184 Openings & 100 Service Charges 77181 Surial 100 Corrusiners 77182 Recording fees or 100 misc, service fees 77193 Sales Tox 8020	31	00
Water Street	AC-212 (Rev. 9-86)	ISSUED BY CONTROL OF	TOTAL PAID	199	00

PERMIT FOR ISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T	ac sorial han hame t	SEX	DATE OF BIRTH	DATE OF DEATH
TWINE OF DESCRIPTION	AURORA SUQUON JAM	ES	Female	July 7, 1	
PLACE OF DEATH-		70.0	Y IOR STATE IF NOT IN CALIFORNIA		RESS OF SPOUSE OR OTHER INFORMANT
	San Diego	San	Diego	Hayman Je	mes - Father
NAME AND ADDRES	S OF FUNERAL DIRECTOR (OR PERSON AC		CALIFORNIA LICENSE NUMBER		chmard Street
	Anderson-Ragsdale F	lortuary	1329	San Diego	, California 92114
	TYPE OF PERA	WIT, CHECK ONLY ONE C	OF THE FOLLOWING TYPES C	F DISPOSITION	
T 1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTERMENT AT ENTOMBMENT)	ND BURIAL (INCLUDES		ENT AND REINTERMENT OF CREMATED NCLUDES INURNMENT)
Salar Salar Recommendation for	N AND BURIAL IINCLUDES INURNMENT)	6 DISINTERMENT, C	REMATION, AND BURIAL		ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, COTHER THAN IN A	REMATION, AND DISPOSITION A CEMETERY	FOR 10 DISPOSITIO	CORONER'S USE ONLY IN PENDING
INTERMENT	NAME AND ADDRESS OF CEMETERY W		-		COUNTY SAR Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE C	REMATED DATE CREMATED	SIGNATURE OF P	PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION	N SUFFICIENT TO IDENTIFY FINA	L PLACE AND <u>COUN</u>	ITY OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tr	dent under provisions of tespass and nuisance laws	the Health and Safety Code, apply and understand that	SIGNATURE OF A DATE SIGNED	PPLICANT
LOCAL REGISTRAR	This permit gives no right of unrest This Permit is issued in accordance part of the Caufornia Health and Safety of Authority for the disposition specified		EE PAID DATE PERMIT ISSUED		MALERECK PAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNAT	7100		LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	367	Diego County De O Pacific Highma		

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

INTERMENT ORDER

City of San Diego

J8/11/8

You are harshy outh aslead and lost And sub	oject to your rules and regulations, to inter the remains
You are hereby authorized and instrumed, sub	yest to your rules and regulations, to inter the remains
ine T.S. Vault Fu	ineral, date, time Wal- By 3 P.M 8/13
Church, Chapel, Graveside	. Xaalball Mortuery.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and filled to undersigned. War time veteran	16
22 6	3 /)
Lot Grave Row	Section Division
Grave space & Care Fund	
Additional spaces and care fund	S\$13 <u>—</u>
Opening/Closing & Setup	
Burial Container 42	AID
Handling Fees	/04.50
Flower vases - Marker setting fee	UG 1.9 / 984
Recording and filing fee	OPE CEMETERY
	SAN DIEGO, CALIP.
016 01	Total Due
219-86 Paid re	sceipt number 33 666 1093 6
1-4-6	Balance due — C
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Tienthe Wholes
Signeture of recorded holder of deed	35/2/10/10 9+
Congression of the Congression of States	State O 52/04 Zip Code
	Talaphana
F 2000	Invoice #
Work Order # E 6089	Acct. #
PY-593 (NEV. 8-85)	

PERMIT FOR POSITION OF HUMAN REMAINS



NAME OF DECEDEN	T		SEX	DATE OF BIRTH	DATE OF DEATH
EDNA MAY			FEMALE	MARCH 7, 1	PODE STOCK STOCK STOCK PORT OF THE
SAN DIEGO	SEASON CONTRACTOR	PLACE OF DEATH—COUNTY	Y (OR STATE IF NOT IN CALIFORNIA	DOROTHY WO	
	SS OF FUNERAL DIRECTOR FOR PERSON AND PERSON		P 790	TO THE SECTION OF THE PROPERTY OF THE PARTY	SSIPPI STREET CALIFORNIA 92104
	TYPE OF PERA	MIT, CHECK ONLY ONE O	F THE FOLLOWING TYPES	OF DISPOSITION	
XX 1 BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AN	D BURIAL (INCLUDES		T AND REINTERMENT OF CREMATED (LUDES INURINMENT)
AVI. NO. AND SHOULD SEE	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CF	REMATION, AND BURIAL MENT)		T OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY
3 CREMATION CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CF OTHER THAN IN A	REMATION, AND DISPOSITION	FOR C	ORONER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W				SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CR	EMATED DATE CREMATED	SIGNATURE OF PER	ISON IN CHARGE OF CREMATORY
BURIAL AT SEA OR # DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION	I SUFFICIENT TO IDENTIFY FINA	AL PLACE AND COUNTY	OF DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of t espass and nuisance laws	he Health and Safety Code, apply and understand that		PLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	AUG 1 1 190	SIGNATURE OF LOC	AL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	FIR DAREL SIGNATURE	PERSON IN CHARGE OF	DISPOSITION L	ICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	. 0		

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

OFFICIAL RECEIPT



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

Nº 33666

DE SAN DE	264-3161	ne	19	21
From: Douth dill	M. 35/2 MIN	Date: 60-1	0 9	114
Inc Mentico	au and 50/100	- Dollars	1045	0
In SUIC Payment of	Ana M. San	now lu	wii.	
1.00			Division	7
Lot Grave	RowS	ection	Block	-
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Salas Care 77184		
Acct. No.	CILL MODITOR	80% Sales 100 of Lots 77184		Sec.
W.O. E (0 0) Unpeid Balance	AUG 2 6 1986	Openings & 100 Service Charges 77181		
after this Payment	130	Guriel 100 Conteiners 77182	104	50
Pre-Need At Need On Acct		Recording fees or 100 misc. service fees 77183	O HARRIST TO THE	80
Ck Cesh		Sales Tax 9020		
AC-212 (Rev. 8-85)	185UED BY / / / / / / / / / / / / / / / / / /	TOTAL PAID	114	50

INTERMENT ORDER

City of San Diego

Date aug.11, 1986 authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied billed to undersigned. War time veteran A Additional spaces and care fund Opening/Closing & Setup Flower vases - Marker setting fee Recording and filing fee 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. nature of recorded holder of dead E 6090 Work Order PY-593 (REV. 8-88)

AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 09/22/86 DATE: 09/22/86 TIME: 220740 PAGE: 5

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV	DATE	ACCT NG	CUSTOMER FUND	NAME DEPT	DRG	ACCT	D	AYM PD ATE BY OPER BN/	PAYM REF NO EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID
046633	09/08/86	018587 E-6090	100 100 100 100 100 60101 67007	072 072 072 072		77181 77182 77183 77184 9020 77184	000 072 000 072 000 072 000 072	/17/86 CK	E6090	1,519,20 320.00 320.00 365.00 396.00 19.20 99.00	1.519.20	PAID IN FULL

OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WARTE TO CUSTOMER CANASTY CEMETERY MOUNT HOPE CEMETERY GOLDENROD RETAIN 264-3151 TATED UNLESS STANSFED Unpaid Balance after this Payment On Acct TOTAL PAID AC-212 (Rev. 9-88)

£6090

San Diego, California 92113

SPOSITION OF HU PERMIT FOR

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES DATE OF BIRTH DATE OF DEATH FLORENCE JACKSON April 9, 1915 Aug. 8, 1986 Female PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego Leon V. Jackson - Husband 4848 Legan Ave. Apt. 101

CALIFORNIA LICENSE NUMBER 1329

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

	ICLUDES ENTOMBMENT) N AND BURIAL (INCLUDES INURNMENT)	5. DISINTERMENT AND BURIA ENTOMBMENT) 6. DISINTERMENT, CREMATION (INCLUDES INVENMENT)		B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) B DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
3 CREMATION CEMETERY 4 SCIENTIFIC		DISINTERMENT, CREMATION OTHER THAN IN A CEMETE		AMERICAN CAN	ONER'S USE ONLY	
INTERMENT	NAME AND ADDRESS OF CEMETERY W	3751 Market Street;	San Diego,	California !	COUNTY San Diego N IN CHARGE OF CREMATORY	
CREMATION	N/A	THE SECOND COLUMN TO SE	January State of the State of t	>	en en mae an enemerado	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIPTION SUFFICE	ENT TO IDENTIFY FINA	L PLACE AND <u>COUNTY</u> OF	DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest	edent under provisions of the Healt respass and nuisance laws apply a	h and Safety Code, nd understand that	DATE SIGNED	ANT	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	A06"172"198	6 SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATUR OF P	ERSON IN CHARGE OF	DISPOSITION LICEN	NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	1700	Pacific High eigo, Califo			

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

NAME OF DECEDENT

PLACE OF DEATH-CITY OR TOWN

National City

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)

Anderson-Ragsdale Mortuary

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47348

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

4532		527-3480	F	11	910
From Carlita In	Itth	Address: 1484 OVQ VI	Sta Pat	#1795	. p. 18921
Twentis	three	and 78/100	Vane .	ollars (\$ 23	78,
In TUEL Payment of	FIC	grence Jack	on a	Divisio	on 17)_
Lot AD	Grave		Section	Allack.	15
* Invoice No.	NO "P/	T VALID FOR PURPOSE STATED UNLESS STAMPED MD' IN THIS SPACE.	80% Sales	67007 77184 100	
Acct. No	Elit March		of Lots Opening/ Closing	77184 100 77181	
W.O. C - 00-10			Buriel Containers	77182	00
BALANCE DUE			Hendling Fee Recording & Miss. Fees	77185	100
Pre-Need Lot At Need C	on Acct 🗆		Pre-Need Trust	77163 63033 9022	ale je op
	check 🗆	Mana 11 DUNA	M Sales Tax	60101 78360	18
AC-212 (Par. 5-94)	iss	DED BY CLANTING HIS WY	TOTAL PAID	15	118

INTERMENT ORDER

City of San Diego

Date 8/11/86

9	
Blonilont	led to your ryles and regulations, to inter the remains
ina ashlant Fu	neral, date, time Thew- 10 Am 8/14
Church, Chapel, Graveside	La ; Fanuly Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	1/2
Lot 58 Grave Row =	Section 16 Division/Block 7
Grave space & Care Fund Toh Cust	in Penul C-8669
Additional spaces and care fund	A-5-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Opening/Closing & Setup	105.00
Burial Contains	7 40.00
Handling Fees PAID	60.0
Flower vases - Marker setting fee	
Recording and sling fee AUG 1 4	35.0
Sales taxes MT, HOPE CEMETER	<u> 24</u>
CITY of SAN DIEGO, CALL	Total Due
Dad of Paidre	ceipt number 33647 242.40
mario	Balance due
years on	11.
	of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from
	Par Mayor Com
I hereby authorize the interment in lot I hold under deed.	Signify 221 27th St
Signature of recorded helder of deed	San Duco Ot 92105
o Fribriga (India natusci Pribari III) wa Ebidii Priba	State 619 283-1356 Zip Code
F 6004	Invoice #
Work Order # E 6091	Acct. #

PERMIT FOR DISPOSITION OF HUMAN REMAINS

22340

	USE BLACK K-MAKE	NO ALIEKATIONS	3	1/0
NAME OF DECEDENT	ST 1961	SEX	DATE OF BIRTH	DATE OF DEATH
Heriberta S.	rult	Female	March 16, 1905	Aug. 6, 1986
PLACE OF DEATH—CITY OR TOWN Garden Grove	PLACE OF DEATH—COU	NTY ION STATE & MOT IN CALBORINA)	Amy Stevens -	
NAME AND ADDRESS OF FUNERAL DIRECTOR I		CALIFORNIA LICENSE NUMBER 763	4336 37th Str	

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

	Vigoropia and Line and		CONTRACTOR DELEGRATION			
1. BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT AND BURIAL (INCLUDES		NT AND REINTERMENT OF (CHEMATED
1000	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT, CREMATION, (INCLUDES INURMENT)	AND BURIAL		NT OF CREMATED REMAINS OTHER THAN IN A CEMET	
CEMETERY	n and disposition other than in a	7. DISINTERMENT, CREMATION.	AND DISPOSITION	EOR C	CORONER'S USE ON	v
4 SCIENTIFIC	USE	OTHER THAN IN A CEMETERY		10: DISPOSITION PENDING		
INTERMENT	NAME AND ADDRESS OF CEMETERY WI MOUNT Hope Cemetery,				San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WE Cremar Crematory, 2303		8-11-86		RSON IN CHARGE OF CREM	ATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY F CREMATED REMAINS		NE. OR OTHER DESCRIPTION SUFFICIEN	T TO IDENTIFY FINAL	PLACE AND COUNT	Y OF DISPOSITION	7
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE N	IVING REMAINS /A		A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named decer and I hereby acknowledge that tre this permit gives no right of unrestr	spass and nuisance laws apply and	and Safety Code, I understand that	DATE SIGNED	186	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE A O OO	UG 8 1986	SIGNATING OF LEY	CAL REGISTRAN ISSUING P	ERMO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON AUG	L 4 1986 SIGNATURE OF PER	SON IN CHARGE OF D		LICENSE NUMBER OF CREM DISPOSER, IF APPLICABLE	ATED REMAINS
IF DISPOSITION IS TO OCCUR IN	P.O. Box 355, Sant			(Orange Co	ounty)	

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 OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSI-TION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA, THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

TO OCCUR IN ANOTHER COUNTY

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK GOLDENROO RETAIN From La July	CITY OF SAN DIEGO, CAUFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 8/14	33645 73-101
***	In feel Payment of Jove Grave Grave Acct. No.		eriberta (2) eriberta (2) ection (3) CREDIT (5) 20% Sales Care (7) 80% Sales (3) 100	Division 7 Block
	W.C. E - 609/ Unpaid Balance after this Payment Pre-Need At Need On Acct Ck Cash AC-212 (New, 8-85)	AUG 20 1986 1986 Secretary	of Loss 77184 Openings & 100 Service Charges 77181 Gurles 100 Containers 77182 Facording tess or 100 miso, service fees 77183 Sales Tax 9020 TOTAL PAID 8	105 00 40 00 95 00 2 40 242 40

INTERMENT ORDER

City of San Diego

Date 8/12/86

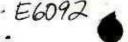
of James Edwar	jest to your ules and regulations, to inter the rema	ins
in a Ulmin Fur	neral, date, time Fri - 2P.m. 8/15	3 6
Church, Chapel, Graveside	e ; Ragsalle Mortu	ary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge will be appl	lied
and billed to undersigned. War time veteran	NO.	
Lot 8/3 Grave 333 Row	Section Division/Block9	
Grave space & Care Fund	195	٥٤
Additional spaces and care fund	No	-
Opening/Closing & Setup	195	06
Burial Container D. A. I. D.	7 25	00
landling Fees FAID	25	•
lower vases - Marker Atting 19e4. 1986		•
Recording and Ming fee	35	•
Recording and Bing fee	¥ 4	50
CALL OF SAIN BIESCY, CALL	Total Due	10
Paid re	ceipt number 33647 52%	Se
2.0	Balance due	7
mat. Of 0	with I	320
hereby certify I am the and this is your authority to make disposition of	of the above named deceded of remains as above indicated. I certify and representations	ent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless for	rom
	B. History	/
hereby authorize the interment in lot I hold under deed.	Figure 20 - 1	
	BAHAGO AJIN KA	te.
Signature of recorded holder of deed	() 11 913 00	Code
	Telephone 1 - 2 W 2 - 4709	_
	117-2112 1101	
Mark Order # E 6092	Invoice #	
Work Order # = UUSB	Acct. #	_



DATE OF BIRTH

PERMIT FOR SITION OF MAN REMAINS.

SEX



DATE OF DEATH

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

	James Edward Hende	rson, III		June 8, 1983	August 10, 1986	
PLACE OF DEATH—CITY OR TOWN		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)		Marcella R. Henderson - Mother		
NAME AND ADDRES	SS OF FUNERAL DIRECTOR ION PERSON Redale Mortesty: Sen	Diego, CA 92102	FORMIA LICENSE NUMBER	5512 Trinidad Sem Diego, CA	7 1 30 1980 September 1	
	TYPE OF PER	MIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION		
1. BURIAL IINCLUDES ENTOMBMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE		5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		
				INTERMENT	NAME AND ADDRESS OF CEMETERY V	VHERE REMAINS OR CREMATED REM 1751 Herikot St.; Sa
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED.			SIGNATURE OF PERSON IN CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREI	LINE, OR OTHER DESCRIPTION SUFFIC	CIENT TO IDENTIFY FINAL	PLACE AND COUNTY OF DE	SPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS	9.7			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that tresposs and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED	STRAR ISSUING PERMIT				
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	NTER DATE	PERSONAIN CHARGE OF A		NUMBER OF CREMATED REMAINS R, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	0			

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

NAME OF DECEDENT

		A STATE OF THE PARTY OF THE PAR			
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN From: Pulfic Ecrov Time hunted to the part of th	MOUNT HO	DIEGO, CALIFORNIA Y DEPARTMENT DPE CEMETERY 264-3151 2442 Jole Janus Elin	Date: 8/14/ motor C. — Dallars (s	33647 86 92389 5295	19.
Lot 873 Grave	<u>_</u> ;	THE RESIDENCE OF THE PARTY OF T	ction 2	Division Block	7
Invoice No.	NOT VALID FOR PURPOS "PAID" IN THIS SPACE.	CITY, AUDITOR	CREDIT 57007 20% Seles Care 77184 80% Seles 100	157	00
Acct. No. E-6092	0.055	AUG 20 1986	So% Sales 100 of Lots 77184 Openings & 100 Service Charges 77181	195	00
Unpaid Balance after this Payment		1986	Burial 100 Containers 77182	75	00
Pre-Need At Need On Acct		h. 1	flecording fees or 100 misc, service fees 77183	60	00
Ck Cash Chi Acct	1	i WAN	Spine Yes 60101	700	10
AC-212 (New B-85)	ISSUED BY	ams au	TOTAL PAID*	741	12

ENT ORDER City of San Diego y authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Mortuary. Church, Chapel, Graveside _ All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ... Additional spaces and care fund Opening/Closing & Setup . Handling Fees Flower vases - Marker setting fee . Recording and filing fee 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 series to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice

PY-883 (REV. 8-88)

02-11-87 34198 V . 150 °D 160.50

ses Jamoms bisquare the prepaid amount set

The prices set forth for the above Fre-Need Services of the closing of grave, liner or vault, and recopening & closing of grave, liner or vault, and the time of cording fee) are not graved envised an edditional payment, if a continual will be required an additional payment, if a contiding the service.

•	OFFICIAL RECEIPT WHITE TO CUSTOMER CANADAY CEMETERY AUDITOR GOLDENROD RETAIN	MOUNT HO	DIEGO, CALIFORNIA Y DEPARTMENT DPE CEMETERY 84-3161		33642
	In Definit Payment of Price Control of Grave	and true	e Sale Tax	section 17	400 °C
	Invoice No. Acct. No. W.O. E6093 Unpaid Balance after this Payment 3/0 50	NOT VALID FOR PURPOSE "PAID" IN THIS SPACE.	1986 AUB	CREDIT 20% Sales Care 77184 A 100 Sales Care 77184 A 100 Sales A 100 Container 77182 Reconting less or 100 misc. service fass 77183	
	Pre-Need At Need On Acct Ck Cash Ac-212 (Rev. 6-95)	Leaye	Matth	Recording feas or 100 miles service feas 77193 Town Select Feas Feas Feas Feas Feas Feas Feas Feas	400 00

OFFICIAL RECEIPT

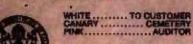
Invoice No

Acct. No.

BALANCE DUE >

AC-212 (Rev. 11-86)

Pre-need Trust Cash



OFFICIAL RECEIPT 36735 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Dollars Division Section Row Grave MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No 20% Sales Care 80% Sales 100 CITY AUDITOR of Lots Appt. No Opening/ Closing Buttel Containers SEP 29 1988 BALANCE DUE Handling Fee Recording & Pre-Need Lot _ At Need _ 63033 9023 On Acct Pre-need Trust Cash Check 80101 TOTAL PAID AC-212 (Rev. 10-87)

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

	264-3151	7	31 59
From: Grence hee	2 Address: 4104 to	Date:	he SS
Stifte, no	1/100 -	Doll	ars (\$ 50-60)
In Payment of	Malea Full	3/10	Jannie Orio
Lot 2 Grave	3 Row Se	ction /7	Division Z
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE,	CREDIT 20% Sales Care 80% Sales	77184 100
Acct. No. 21-6093	CITY AUDITOR	of Lots 7 Opening/	77184 100 77181
W.O. BALANCE-DUE		Buriel	77182 100
The in July	MAR 27 1989	Recording & Minc. Face 1	77185 100 17183
Pre-Need Lot At Need On Acct	1////	Sales Tax	80033 8022 80101
AC-212 (Rev. 10-87)	issued or Track Williams	TOTAL PAID	SD 00

INTERMENT ORDER

City of San Diego

27			S 19	1
		Date	8/12	-186
SI THE REPORT OF THE PROPERTY	1	527 // AVV (685		E0 E1
You are hereby authorized and instructed.	subject to your rules	and regulation	ons, to inter t	he remains
of TS It	74-0-07	וחיבה	An Ei	-8/15
in a Tab. Vault/Liner O 1 1	Funeral, date, time	70.50	000	42
Church, Chapel, Graveside Church	(+AD.; -	gage	Haxi	_ Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work	day or an extr	a charge wil	be applied
and billed to undersigned. War time veter	ran _NO	10.000		
Lot 41 Grave 3 Row =	Section	2 .	sion/Black	//
Lot Grave How :_	section	DIV	SION-SHOW	00
Grave space & Care Fund	*********			A CONTRACTOR
Additional spaces and care fund			a	50€
Opening/Closing & Setup				3200
Burial Container L. S. Vou	ext-			17500
Handling Fees		210127274327272747474		700
Flower vases - Marker setting fee			•	
Recording and filing fee				3100
				1050
Sales takes		otal Due	~	76050
Sim	0.507	aai Due		
/ Pa	id receipt number _	-75154 TC		
	11	8ai	lance due _	
I hereby certify I am the	ughter	of the	above name	d decedent
and this is your authority to make disposithat I have the right to make this authorize	tion of remains as al	bove indicate	d. I certify an	d represent
any liability on account of said authorizat	ion and interment.	1	0	1
I hereby authorize the interment in lot I	x Z	elin"	Konk	le
hold under deed.	Signatura	Tall	ne or	1
Signature of recorded holder of deed	Australia	. Die	110.00	0.0.
	3000	× 240	NI CA	Dip Code
	Telephone	2 ~ 10		1130.
	12	D41	1.34	
Work Order # E 6094	Invoice #	010	500	
Work Order # E DU94	Acct. # _	1100	200	

OFFICIAL RECEIPT

170	-		
0		N.	A
8	12		1
A	3-	1	9
-			

WHITE TO CUSTOMER
CANARY. CEMETERY
PINK AUDITOR
GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 33771

GOLDENHOD HETAIN	264-3151	00	1 -11
Welen L. Kan	the Address 130 Thele	Date: 19-2	6 19/14
flise sunderd	ifty and 50/100	Dollars (6	96155,
In Payment of	Allina Hudson	Muc	-
Lot 4/ Grave	3s	action	Division //
Invoice No. 646634	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	
Acct. No. 618.588		80% Select 100 77184 _	
W.O		Openings & 100 Service Charges 77181	
after this Payment		Suriel 100 Comminers 77182	
Pre-Need At Need On Acct		Recording fees or 100 misc. service fees 77183	
Ck Cash	27	Seles Tax 9020 _	111
AC-212 (New, 8-96)	ISSUED BY (- 1) (1) (1)	TOTAL PAID	700

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/02/86

DATE: 10/02/86 TIME: 233601 PAGE: 7

10-50

50.00

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY INV INV ACCT PAYM FD PAYM DATE NO NO CUSTOMER NAME av DATE REF NO AMOUNT PAID AMOUNT BILLED UNPA ID FUND DEPT ORG ACCT OPER BN/EQ FACILI AMOUNT APPLIED BALANCE 046634 09/08/86 018588 HELEN G. RANDLE 09/26/86 E6094 960.50 960-50 0.00 100 072 77181 000072 320.00 PAID IN FULL 100 072 77182 000072 175.00 77183 000072 100 072 205.00 771 84 100 072 000072 200-00

9020

77184

60101

67007

E6094

PERMIT FOR POSITION OF HEAN REMAINS



	8	THE DEACH HAN	MAKE 140 HEIL	AATIONS ON ERASURI	-9			
NAME OF DECEDEN				ŚEX	DATE OF BIRTH	Contract to the contract of th	DATE OF DEATH	A CONTRACTOR OF THE PARTY OF
Thelm	a Ieva Hudson			Female:	August 3	. 1913	August 8,	1986
PLACE OF DEATH-	MIN COMMITTEE LEGISTE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TATE IF NOT IN CALIFORNIAL	Charles of Language States	10 10 P. D. D. S.	JSE OR OTHER IN	0.00
" San Die		San D	fego				- Daughte	r
NAME AND ADDRES	SS OF FUNERAL DIRECTOR IOR PERSON A	CTING AS SUCH	CALI	FORNIA LICENSE NUMBER	130 Noe1			
Anderso	n-Ragsdale Morteary	5050 Fede	ral Blvd.	1329	San Diego	, CA 9	2114	
	TYPE OF PER	ATT, CHECK OF	AN SOLE SPILLE	FOLLOWING TYPES OF	F DISPOSITION			
1 BURIAL IIN	ICLUDES ENTOMBMENT)		TERMENT AND BURI	AL (INCLUDES	8. DISINTERMI REMAINS II	ENT AND REINT NCLUDES INUR		MATED
	N AND BURIAL (INCLUDES INURNMENT)		TERMENT, CREMATIC JDES INURNMENT)	ON, AND BURIAL			TED REMAINS AN	
3. CREMATIO CEMETERY	N AND DISPOSITION OTHER THAN IN A	☐ 7 DISIN	TERMENT PRESENT	ON, AND DISPOSITION	FOR	CORONER	S USE ONLY	
4. SCIENTIFIC	USE		R THAN IN A CEMET		□ 10 DISPOSITIO		S USE UNLI	
	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS	OR CREMATED REM.	AINS ARE TO BE INTERRE	D	COUNTY	,	
INTERMENT	Mt. Mone Cometery:	3751 Mark	et Street:	San Diego. C	.	San	Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY W	T. C. C. C. C. C. C. C. C.					ARGE OF CREMAT	ОНУ
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	ine, or other c	DESCRIPTION SUFFIC	CIENT TO IDENTIFY FINAL	PLACE AND COUN	TY OF DISPOS	SITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS						
ACKNOWLEDGMENT OF	This is to certify that I am the per remains of the above named dece	10h 0h 00 90	ACCUPATION NOTICE TO BE ACCUPATION OF THE PARTY OF THE PA		SIGNATURE OF A	PPLICANT		
APPLICANT	and I hereby acknowledge that to this permit gives no right of unrest				DATE SIGNED			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED IS	DE AND IS THE	MOUNT OF FEE PAID	AUG 1 3 1986	· Acad	DEAL REGISTRA	AR ISSUING PERM	ww.
GERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	IST 86	SIGNATURE OF	PERSON IN CHARGE OF I	DISPOSITION	LICENSE NUM DISPOSER, IF	BER OF CREMATI APPLICABLE	ED REMAINS
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEA	(44)	7	e			

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

INTERMENT ORDER

City of San Diego

Date 8/13/86

of	emma y	THEAT	0. 01. 4
in a	home	_ Funeral, date, time 🎿	P.M. 8/14-14
Church,	Chapel, Graveside	mile R	Mortuar Mortuar
All Fune	eral cars must arrive before 3:30	p.m. of regular work day or a	n extra charge will be applie
and bill	ed to undersigned. War time vete	eran 1/6 .	
n	7 -	17	1
Lot _	Grave Row _	Section	_ Division/Block
Grave s	pace & Care Fund	2 C-1	3008 —
Addition	nal spaces and care fund		NOVE
SESSION.	g/Closing & Setup		3200
V Francis	ontainer		100
CONTRACTOR IN	6		145
Handlin	DAIR	5	
Flower	- / 1	9	259
-	ng and filling fee	*****	79
Sales ta	xes	******	101
	МТ. НОРЕ СЕМЕТЕ		732 606
	CITY of SAN DIEGO, OF	MR eipt number	631 606
			Balance due
al.al.			74 S
and this	certify I am the is your authority to make dispos	ition of remains as above inc	of the above named decede licated. I sprify and represe
that i na any liab	ive the right to make this authorized illity on account of said authoriza	tation and lagree to hold Mr.	lope Cemetary harmless fro
		2	- 1.4 Via
	euthorize the interment in lot I der deed.	Signature	0-0-
		Address	pour
hold un	200	AMILIAGO 4	10.00
hold un	recorded holder of deed	State	Zip Co
hold un	recorded holder of deed		Zip Co
hold un	recorded halder of deed	State	Zip Cc
hold un	recorded halder of deed	State	Zip Co

PERMIT FOR POSITION OF WAN REMAIN

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	Marian magazonomi		SEX	DATE OF BIRTH	DATE OF DEATH
	BULA JONES		FEMALE	12/25/1895	08/09/1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH—COUNTY IOR	STATE IF NOT IN CALIFORNIA)		SPOUSE OR OTHER INFORMANT
	AN FRANCISCO	SAN FRANCIS	CO	MRS. RUTH BLA	372,770
	SS OF FUNERAL DIRECTOR (OR PERSON AC		LIFORNIA LICENSE NUMBER	131 Cook Stee	
OSBORNE'S	· 2200 SUTTER STREET,	SAN FRANCISCO	F 1112	San Francisco	, CA. 94118
	TYPE OF PERA	AIT, CHECK ONLY ONE OF THE	FOLLOWING TYPES OF	DISPOSITION	
7 1. BURIAL IIN	CLUDES ENTOMBMENT)	5 DISINTERMENT AND BUR ENTOMBMENT)	HAL INCLUDES	8 DISINTERMENT AND P	EINTERMENT OF CREMATED
	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CREMAT	ION: AND BURIAL	9 DISINTERMENT OF CR	EMATED REMAINS AND THAN IN A CEMETERY
3. CREMATION	N AND DISPOSITION OTHER THAN IN A	П з полительных солька		COD CODOM	POOR MOR ONLY
4 SCIENTIFIC		OTHER THAN IN A CEME		□ 10. DISPOSITION PENDIN	ER'S USE ONLY
CREMATION BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CREMAT	ED DATE CREMATED	SIGNATURE OF PERSON IN PLACE AND COUNTY OF DIS	11
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS =	ý	0 0	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of the He espass and nuisance laws apply	alth and Safety Code, and understand that	SIGNATURE OF APPLICANT DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED U	E AND S THE S 3:00	8-13-8	SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		THE DATE	PER OF IN CHARGE DE L	SADSMAN VICENSIS	MANBER OF CREMATED REMAIN. R. IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN	INDIVATE DORES OF REGISTRAR OF	COUNTY OF DEATH			

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

	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK ALIDITOR GOLDENROD RETAIN From Guller To CUSTOMER CAMARY CEMETERY PINK ALIDITOR GOLDENROD RETAIN	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181	AND DESCRIPTION OF THE PERSON	2 336 8/14 92/01	52
Cam Jou	In Payment of Selection of Sele	ment of Anterne	oction // CREBIT 20% Sales Care	Divisi Block	
17,	W.O. F 6 09 1 Unpaid Betance after this Payment Pre-Need At Need At On Acrt	AUG 20 19	O Chanings & Charges Surial Containers	77181 3	20 00
	Pre-Need At Need On Acct Ck Cash C	se Soyu Dtolk	Sales Tax TÖYAL PAID	* 60 * 60	600

INTERMENT ORDER



City of San Diego

S-14-86

in a Funeral, of	DUSCOM) State, time Mon 8/18/86/
Church, Chapet, Graveside	Morti
All Funeral cars must arrive before 3:30 p.m. of regu	lar work day or an extra charge will be app
and billed to undersigned. War time veteran	- •
Lot <u>773</u> Grave Row Se	oction Division/Bleek
Grave space & Care Fund	100
Additional spaces and care fund/	
Opening/Closing & Setup 2. 12	asket 100
Burial Container	
Handling Fees	
Flower vases - Marker setting fee A	1981
Recording and filing fee	1109
Sales taxes	GO.CALIK
200	Total Due
note 8-5-86 Paid receipt n	umber 33636 299
ullary	Balance due
hereby certify I am the	of the above named dece
and this is your authority to make disposition of rema that I have the right to make this authorization and I a	gree to hold Mt. Hope Cemetery harmless
any liability on account of said authorization and inte	7. 100
hereby authorize the interment in lot I	Warmel Duscem
hold under deed	4583 Texas st.
Significant of recorded holder of steed	59N Diego C7 92
	692-/36/ Telephore
F 0000	Invoice #
Wash Order # E 6096	Acct. #

PÈRMIT FOR MOSITION OF MAN REMAÎNS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T		5	EX	DATE OF BIRTH	- 4	DATE OF DEATH
COURT HOLDEN HAR	JEFFREY PAUL BUSCEN	t	102	ale	Aug 11, 1	986	Aug 12, 1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH-COL	UNTY (OR STATE	F NOT IN CALIFORNIA	NAME AND ADDR	ESS OF SPO	DUSE OR OTHER INFORMANT
San Diego		San Diego	- 04		Daniel Bu	sceni	- father
NAME AND ADDRES	SS OF FUNERAL DIRECTOR OR FERSON A	CTING AS SUCH	CALIFORNI	A LICENSE NUMBER	4583 Texa		
Lewis Colon	ial/Benbough San Die	go, CA 92104		-480	San Diego	, CA	92116
+	TYPE OF PER	MIT, CHECK ONLY ON	E OF THE FOLI	OWING TYPES OF	DISPOSITION		
1 BURIAL (IN	CLUDES ENTOMBMENTI	5. DISINTERMENT		CLUDES		NT AND REIF	NTERMENT OF CREMATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6. DISINTERMENT		ND BURIAL			ATED REMAINS AND
3 CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	2 DISINTERMENT	T. CREMATION, A	NO DISPOSITION	EOP 4	COBONED	'S USE ONLY
☐ 4 SCIENTIFIC	USE		IN A CEMETERY	ND DISPOSITION	☐ 10 DISPOSITION		S USE ONE
	NAME AND ADDRESS OF CEMETERY W	HERE REMAINS OR CREN	MATED REMAINS	ARE TO BE INTERRE	D	COUNT	TY
INTERMENT	Mt. Hope Cometery -	3751 Market	St. San	Diego, CA		San	Diego
CREMATION	NAME AND ADDRESS OF CREMATORY W	YHERE REMAINS ARE TO B	E CREMATED C	ATE CREMATED	SIGNATURE OF PI	RSON IN CH	HARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE, OR OTHER DESCRIP	TION SUFFICIENT	TO IDENTIFY FINAL	PLACE AND COUN	Y OF DISPO	SITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS					
ACKNOWLEDGMENT	This is to certify that I am the per remains of the above named doce	dent under provisions	of the Health a	nd Safety Code,	SIGNATURE OF A	PLICANT	
OF APPLICANT	and I hereby acknowledge that to this permit gives no right of unrest				DATE SIGNED		2
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS	DE AND IS THE #3.0	0 0	ATE PERMIT ISSUED UG 15 1986	No	CAL	RESUMB PERMILD: N
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED AUA	UGOI189886SIGN	NATURE OF PERS	ON IN CHARGE OF D	ISPOSITION		IMBER OF CREMATED REMAIN F APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH					

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR GOLDENROO RETAIN

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

Nº 33656

David A Fus	Men Time	Dete: 08-1	9 19	16
Jano Auntredon	com contract 563 /Man	Dollars (8	29900	
Lot 773 Grave		ection	Division 9	
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 57007 20% Seles Care 77184 50% Seles 100 of Late 77184	200	00
W.O. E 10096 Unpaid Balance after this Payment	AUG 20 1986/986	Openings & 100 Service Charges 77181 Surial 100 Conseiners 77182	1000	0
Pre-Need At Need On Acct C		Recording less or 100 miss. service less 77183 80101 Salas Tex 9020	460	70
AC-212 (New B-85)	ISBUED BY 5 19 11 19	TOTAL PAID 6_	6990	(

Janeal lat	of San Diego
uneex ioi	Date 8-14-86
for Horman Ka	5 + Victoria ann
You are hereby authorized and instructed, spl	ect to your rules and regulations, to inter the rem
of Clasic	
n a Fu	ineral, date, time
Church, Chapel, Graveside	/ Morte
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be app
and billed to undersigned. War time veteran	
27 - 6	3
Lot Grave Row	Section Division/Black
Grave space & Care Fund	
Additional spaces and care fund	**************************************
Opening/Closing & Setup	AID
Burial Container	AID]
Handling Fees	15.1.4.3/2.9/
Elouar useas - Marker cettino fee	1100
MT. HG	PE CEMETERY SAN DIEGO, CALIR
Sales taxes	ALL DESCO, CALIF.
	Total Due
	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
Paid n	eceint number 33648 595
Paid n	eceipt number 33648 595
Paid r	eceipt number 33648 593 Balance due 70
hereby certify I am the	Balance due D
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Balance due Of the above named dece of remains as above indicated. I certify and repre
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Balance due Of the above named dece of remains as above indicated. I certify and repre
I hereby certify I am the	of the above named dece of remains as above indicated, I certify and repre a and I agree to hold Mt. Hope Cemetery harmless and interment.
I hereby certify I am the	of the above named dece of remains as above indicated, I certify and represent and lagree to hold Mt. Hope Cemetery harmless and interment.
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	of the above named dece of remains as above indicated, I certify and repre and lagree to hold Mt. Hope Cemetery harmless and interment,
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	of the above named dece of remains as above indicated, I certify and repre and I agree to hold Mt. Hope Cemetery harmless and interment. Signature Address State 2
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	of the above named dece of remains as above indicated, I certify and repre and lagree to hold Mt. Hope Cemetery harmless and interment,
I hereby certify I am the	of the above named dece of remains as above indicated, I certify and repre and I agree to hold Mt. Hope Cemetery harmless and interment. Signature Address State 2
I hereby certify I am the and this is your authority to make disposition	of the above named dece of remains as above indicated. I certify and repre and lagree to hold Mt. Hope Cemetery harmless and interment. Signature State Z

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY E6097

Nº 11294

Deed

TO Wictoria ann addit for the sum of \$ 595 00	_ (DOLLARS)
LEGAL DESCRIPTION Grave IT, Row 6, Sect 3, Devin 2	_ (DODDIMO)
AS DESCRIBED ON PURCHASE ORDER NUMBER E-6097	

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 the case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and I causes of deterioration, but reserves the right to remove any object that detracts from the embellishof the Cemetery. The following type of memorial will be permitted:

Leonge W Stoller

North Bulan

Property Director

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER 33648 CANARY..... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR GOLDENROD RETAIN 264-3151 Dollars (8 > Payment of Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Care 80% Sales Acct. No. of Lots Openings & Service Charges 77181 Unpaid Balance Burisl Containers 77182 after this Payment Recording fees or misc, service fees On Acct 9020 Sales Tex ISSUED BY TOTAL PAID AC-212 (Rev. 8-85)

Cemetery lots owned by Ennya Maisheff

San Diego Cemetery Association \$1000.00 to be used by Lewis Colonial Motuary

lots at

Mount Hope Cemetery San Diego CA

ok Row 12 grave 34 Section 3 Div 2 Anastasia Maisheff

Now 12 grave 35 Section 3 Div 2 Nicholas Maisheff (could be double)

OK Row 6 grave 29 Section 3 Div 2 Kathryn Mize

OK Row 6 grave 28 Section 3 Div 2 Ennya Maisheff

Row 6 grave 27 Section 3 Div 2 sold ??? (on some maps shows Victoria) We chouse Allonnan OK

ok Row 7 grave 26 Section 3 Div 2 Marilyn Ketteringham

ok Row 7 grave 25 Section 3 Div 2 Arthur Ketteringham

+33 Div10 - ceas file cemetery wpo

Call Victoria Adsit

INTERMENT ORDER

City of San Diego

Date 8/14/86

You are hereby authorized and instructed, sub	eject to your rules and regulations, to inter the remains
na Bollheiner Fu	negal, date, time Mon 8/18 / 11 Am
Church, Chapel, Graveside Ckape 1	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	3yes N. Guard
ot 93 Grave 12 Row -	Section 15 Division/Block 7
Grave space & Care Fund Pu	- Dud 10.939
Additional spaces and care fund	ruble depth (11)
Opening/Closing & Setup	320=
urial Container	100 00
landling Fees	14600
lower vases - Marker setting fee	1976
lower vases - Marker setting fee AUG 1 4	
ales taxes	METERY 600
CITY OF SAN DE	Total Due
Paid re	oceipt number 33 646 606 00
	Balance due
201 74	2 /
hereby certify I am the nd this is your authority to make disposition hat I have the right to make this authorization ry liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I	Laura Danuelo
And the second of the second o	Address O
Ignature of recorded holder of deed	5am - Profosaly, 92/03 5am 280-8/64 20 Code
	Telephone
92 <u>—</u> 25	Invoice #
North Order # E 6098	Acet #

PY-693 (REV. 8-86)



PERMIT FOR OSITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T	MESS CRIES VIII VIII VIII		SEX	DATE OF BIRTH		DATE OF DEATH	
	Abram Samuels, Jr	•		Male	Feb. 24	1937	Aug. 12,	1986
PLACE OF DEATH-	CITY OR TOWN	PLACE OF DEATH	-COUNTY IOR STA	TE IF NOT IN CALIFORNIA		CONTRACTOR OF STREET	OUSE OR OTHER INF	ORMANT
\$4	an Diego	San			10 to	The second secon	- Mother	
	SS OF FUNERAL DIRECTOR (OR PERSON AC		BTVG CALIF	ORNIA LICENSE NUMBER		39th St	AND CONTRACTOR OF THE PROPERTY.	
Ander	rson-Ragsdale Mor ec ary	5050 Fed	iera!	1329	San Die	go, CA	92105	
	TYPE OF PERM	IT, CHECK ONLY	ONE OF THE F	OLLOWING TYPES C	F DISPOSITION			
***	*	AMERICAN SANSANA AMERICAN AMER						
1 BURIAL (IN	CLUDES ENTOMBMENT)	5 DISINTER ENTOMB	RMENT AND BURIA MENT)	LUNCLUDES		ENT AND REIF	NTERMENT OF CREM PRIMENT!	ATED
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)		RMENT, CREMATION	N, AND BURIAL			MATED REMAINS AND	נ
3. CREMATION CEMETERY	N AND DISPOSITION OTHER THAN IN A	П т русите	NACAT CREMATION	N. AND DISPOSITION	FOR	CORONER	'S USE ONLY	
4 SCIENTIFIC			HAN IN A CEMETE		10. DISPOSITI		3 USE CHELT	
	NAME AND ADDRESS OF CEMETERY WE	HERE REMAINS OR	CREMATED REMA	INS ARE TO BE INTERR	FD	COUNT	ту	
INTERMENT	Mt. Hope Comstery: 3	751 Marke	t Street:	San Diego,	CA	Sa	n Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WI	HERE REMAINS ARE	TO BE CREMATED	DATE CREMATED	SIGNATURE OF	PERSON IN CA	HARGE OF CREMATO	RY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELI	NE. OR OTHER DE	SCRIPTION SUFFICE	ENT TO IDENTIFY FINA	L PLACE AND COU	NTY OF DISPO	DITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECE	EIVING REMAINS		I. a.	(3)			
ACKNOWLEDGMENT	This is to certify that I am the per remains of the above named decer	sent under provis	ions of the Heal	h and Safety Code,	SIGNATURE OF	APPLICANT		
OF APPLICANT	and I hereby acknowledge that tre this permit gives no right of unreste	2011년 1월 1일 시간 1일 기계를 받았다. 이 없는 다			DATE SIGNED			P
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN	E AND IS THE	UNT OF FEE PAID	AUG 1 8 198	SIGNABLE OF	12. Com	HAR ISSUE DAM	1
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED AUG DISPOSITION WAS MADE ON AUG	1 8 1986 TER DATE)	SIGNATURE OF P	ERSON IN CHARGE OF	DISPOSITION		IMBER OF CREME	D REMAIN
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH	1			\	50	

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

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PRIK AUDITOR GOLDENROD RETAIN FROM LAWA Samuels	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161	Nº 8/14	33646
In Jul Payment of Onto	ROW S NOT VALID FOR PURPOSE STATED UNLESS STAMPED THAT IN THIS SPACE. CITY AUDITOR	action 5 CREDIT 20% Sales Cars 77184 BOX Sales 100	Division 7 Block
Acct. No. W.O. E - 6078 Unpaid Salance after this Payment	AUBTRIC 1986	80% Selee 100 of Lots 77184 - 100 Service Charges 77181 - 8 suries 77182 - Recording laws or 100 misc, service fees 77183	320 00
Pre-Need At Need On Acct C	Seven little	Sales Tax 9020 _ TOTAL PAID 6_	606 00

INTERMENT ORDER

City of San Diego

Date <u>8/14/86</u>

You are hereby authorized and instructed, pub	ject to your rules and regulations, to inter the remains
of light C. T	nness
in a Bell Lener Full	neyel, date, time 100 - 18. M. 8/18
Church, Chapel, Graveside	M. J. Merbly Witchell Mortuary.
All Funeral cars must arrive before 3:30 n.m.	of regular work day or an extra charge will be applied
	1/0
and billed to undersigned. War time veteran	/- ,
Lat /7/ Grave 8 Bow -	Section Division/Block /2
LOI 27 CHART TOWN	Section bivision/ block
Grave space & Care Fund	<u> 385°</u>
Additional spaces and care fund	
ACCUPATION OF SECURITY AND	₹2000
Opening/Closing & Setup	10000
Burial Container	100
Handling Fees	<u>/kj-</u>
Flower vases - Marker satting fee	incl !
Recording and filing fee AUG 18	19161 3500
The second secon	ARTERY 600
Sales taxes	O, CALIF.
Circum	Total Due
Paid re	eceipt number 35665 /00/
	Balance dueO_
9	1 L
I hereby certify I am the Day	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment
••	Marole 17/18les
I hereby authorize the interment in lot I hold under deed.	Significant Control of the Control o
	353V N. Charge
Signature of recorded holder of deed	FRESNO, Ca 937/0
	209-299-2068
	Telephone
	NI 91 NI
Work Order # E 6099	Invoice #
Work Order # Im UUJJ	Acct. #

N REMAINS : E6099 SPOSITION OF HE

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDEN	T C. INNISS		FEMALE	SEP 0, 1907	AUG 13, 1986
PLACE OF DEATH—	2002/1/1903/4/17-2007/-	PLACE OF DEATH—COUNTY	IOR STATE IF NOT IN CALIFORNIA	CAROLE MILLE	
NAME WILLSPRE	KTYCHNELL NUKYUARY ^{erson} a Th' avenue, san diego.	CTING AS SUCHI CA 92103	CALIFORNIA LICENSE NUMBER F-119	FRESHO, CA	
	TYPE OF PER	WIT, CHECK ONLY ONE O	F THE FOLLOWING TYPES O	F DISPOSITION	
I BURIAL (IN	ICLUDES ENTOMBMENT)	5 DISINTERMENT AN	D BURIAL IINCLUDES	B DISINTERMENT AN	D REINTERMENT OF CREMATED ES INURNMENT)
2 CREMATIO	N AND BURIAL (INCLUDES INURNMENT)	6 DISINTERMENT, CR			CREMATED REMAINS AND
3 CREMATIO CEMETERY 4 SCIENTIFIC		7 DISINTERMENT, CR	EMATION, AND DISPOSITION CEMETERY	FOR CORC	DNER'S USE ONLY
INTERMENT	NAME AND ADDRESS OF CEMETERY W	3751 MARKET ST.	SAR DIEGO, CA	EO	SAN BIESO
CREMATION	NAME AND ADDRESS OF CREMATORY W	HERE REMAINS ARE TO BE CR	EMATED DATE CREMATED	SIGNATURE OF PERSON	IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHOREL	INE. OR OTHER DESCRIPTION	SUFFICIENT TO IDENTIFY FINAL	L PLACE AND COUNTY OF	DISPOSITION
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY REC	EIVING REMAINS			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest	dent under provisions of ti espass and nuisance laws	ne Health and Safety Code, apply and understand that	SIGNATURE OF APPLICA DATE SIGNED	NT.
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II	DE AND IS THE	9310 4 4 30	SIGNATURE OF LOCAL P	A. Campal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED AUG	1 8 1986 SIGNATU	RE OF PERSON IN CHARGE OF		SE NUMBER OF CREMATED EMAINS ISER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF	COUNTY OF DEATH			

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

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY **MOUNT HOPE CEMETERY** PINK AUDITOR GOLDENBOD RETAIN 264-3151 Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Balos Care Invoice No. SO'S Sales Acct. No.

AUG 2 1986

On Acct

Unpaid Balance after this Payment

Pre-Need

AC-212 (Nev. 8-85)

Division of Lints Openings & Service Chen TOTAL PAID

33663

Inenced lot	City of San Diego
You're hereby authorized and instr	Date
of flower	· Coerett
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	remodules 8
The same of the sa	low Section Division/Block
Grave space & Care Fund	595°C
Additional spaces and care fund .	***************************************
Opening/Closing & Setup	
Handling Fees	
Flower vases - Marker setting fee	
	Total Due 59500
0 11 61	221,50 / 5000
8-14-86	54500
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make d	fisposition of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in	lot i
hold under deed.	Signatura .
Signature of recorded helder of deed	Address
A THE PART OF THE	State Zip Code
	Tetophorie
F 0400	Invoice #
Work Order # E 6100	Acct.#

DORESS 50	27 Pelusa Street, San Diego, Ca 92113 RAT	TING			LIMIT		
DATE	ITEMS	DEBIT V		V	CREDIT	BALANCE	
ıg 14 86	Lot 122, Gr 2, Sec 1, Div 11	595	00		363 00	23 00	
10 88	Coupon # 18, Alceipt # 35703				2500	20,00	
13 88	augen # 20 Beceint 36010				2500	1820	
-9 98	Compon 13 Least 36535				2500	1590	
20 89	Coupen 16 Resent 37245				2300	1340	
-8 89	Caugher 21, Caugh 3837				2500	1090	
-1/89	Housen Receipt 3535				3500	8400	
7/3-90	Coupon 22, Liceist 38888				2000	10400	
-11-90	Coupor 23, receipt 39/10				2500	394	
1-1290	(quipr 15) recept 39485				2500	140	
-17-90	Compon #24, Meleyat # 39622				1400	10	
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OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUGITOR GOLDENROD RETAIN 33650 MOUNT HOPE CEMETERY 264-3151 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care 67007 77184 Invoice No. 80% Sales 77184 Acet. No. of Lots Openings & Service Charge 77181 Unpaid Balance after this Payment Recording fees or 100 miss, service fees 77183 On Acct Selve Tex

AC-212 (Rev. 8-88)

TOTAL PAID

	OFFICIAL RECEIPT WHITE YO CUSTOMER CANARY CEMETERY RISK AUDITOR GOLDENROO RETAIN From: Listing Courses	CITY OF BANDINGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Nº 1	33727 0 1086 93113
	Lor Lisa Grave	and refuer	Dollars (4	Olivision //
	W.O. E - 6/00 Unpsid Belance after this Payment # 500	CITY AUDITOR SEP 1 2 1986	CREONT Soles Care 77184 SON Soles Care 77184 SON Soles 77184 Openings & 100 Service Charges 77181 Surial 100 Containers 77183 Recording feas or 100 misc. service feas 77183	23 00
14	Pre-Need At Need On Acct Ch Cash AC-212 (Nev. 8-88)	INSUED BY ES Jang	Sales Tax 80101 8020 TOTAL PAID	23 00

ACCOUNT No. E-6100

Jessie P. Everett 5027 Pelusa St. San Diego, CA 92113

Month and Day Due Indicated Below

MAL	FEB	MAR	APR	MAY	JUN	JUL	AUG	X	OCT	Nov	DEC
	int due ate abo	when p	aid on	or bet	ore,)	s	2	3.	00	

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

	S	
\	Amount Received S	23:00
NAME 2 255	e & EVER	CTT .
ADDRESS 502	7 Pelusa	51
CITY SAN	DIEGO STATE O	LA ZIP 92113
□ cho	ok 1 / Vifthin in now	nddrage

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY 33831 MOUNT HOPE CEMETERY GOLDENROO AUDITOR 264-3151 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED Invoice No. Acut. No. Unpaid Balance after this Payment On Appt SELED BY TOTAL PAID AC-212 (Rev. 8-85)

ond or bring one coupon with each remittance COUPON
DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6100

NAME

Jessie P. Everett 5027 Pelusa St. San Diego. CA 92113

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

Amount due when paid on, or before, due date above: 10 th \$ 23.00

Amount due if paid more than _____days ______\$ __________\$

\$_____

Amount Received \$ _____

ADDRESS
CITY STATE ZIP

☐ check (y') if this is new address

33947 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA ELOI DO PROPERTY DEPARTMENT WHITE TO CUSTOMEN CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS EPACE. CREDIT 87007 77184 Invoice No 20% Sales Care 80% Sales CITY AUDITOR Acct. No. 77181 NOV 2 4 1986 W.O. Buriel Container 77192 BALANCE DUE Handling Fee 77163 Hecording & Misc. Fees Pro-New On Acct Pre-Need Lot At Need Trust Pro-need Trust Cash Check A Sales Tex ISSUED BY TOTAL PAID

AC-212 (Pay: 11-86)

3

ACCOUNT No. E-6100

Jessie P. Everett 5027 Pelusa St. San Diego, CA 9211

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
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				(40)		Receive	ed S				

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	OFFICIAL RECEIPT	Pink not relume		
	WHITE TO CUSTO			
	PINKAUC	MOUNT HOPE CEMETERY 264-3151	.	~
Later and the		1 00	Date: 10-12	, 19.86
	From: Classe F.	Mente Address: 3041 Felles	a 210 Ca. 92	000
	- Wenty the	ic and mojiou	Dollars (\$ _C	13000)
	Payment of	Credit lot said		and a GC to the Color
	122	2		Division //
	Lot A G		Section	Hock
	Invoice No	NOT VALID FOR PURPOSE STATEO UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 50% Sales 100	22 00
Shari Y	Acct. No.		80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181	MUSE OFFICE ROS
1000	W.O. F6100	re l	Burtel 100 Containers 77182	Taken
177	BALANCE DUE \$450		Handling Fee 77183	Action of the second
	Pre-Need Lot. At Need On A	Acct C	Pre-Need 53033	THE STATISTICS DESCRIPTION
17 E 17	Pre-need Trust Cash Che	CONTRACTOR OF THE PARTY OF THE	Trust 9022 Sales Tax 60101 78380	ALL THE PARTY OF T
	AO-212 (Rev. 11-86)	ISSUED BY D' Dame	TOTAL PAID	23 00
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mounter o	nt over fue day	n paid	moret	man_	nount F		s s	-	23	00	

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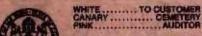
NAME OF PERSONS

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

PINK	AUDITON MOUNT	264-3151			92
	1	01	Date: 03-	18 ,19	1
From: Glasee 1	perett Address	5657 Felles	artis	10 7211	-
- Weent yo	me and	no/100 -	Dollars	10 23	-)
InPaymen	to frencet	lot-		EL NEW TOWN	
Company and	The same of	Carlo Carlos Car		A STEEL	,
LOX /0/2	_Grave	RowSect	ion	Division //	
Involce No.	MOT VALID FOR PUI	RPOSE STATED UNLESS STAMPED	CREDIT 5700 20% Seise Care 7718		-
Acct. No.	The state of the s		80% Sales 10 of Lets 7718 Opening/ 19		-
W.O. E 6/00		CARL ARTISE PA	Closing 7718 Surial 10		
BALANCE DUE \$ 40	700	A STATE OF THE PARTY.	Containers 7718 10 Handling Fee 7718	Control of the contro	
The state of the s	19 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the last of th	Handling Fee 7718 Recording & 10 Misc. Fees 7718	10	
Pre-Need Lot X At Need -	On Acct		Pre-Need 8303 Thus 903		4
Pre-need Trust Cash	Check 4	L'anne	Sales Tax 6010 7830	6	6
AC-212 (Per. 11-66)	ISSUED BY Z	Harry	TOTAL PAID	25 60	



CANARY CEMETERY AUDITOR	MOUNT HOPE CEMETERY	Date: 05	5-29 ,188
From: Sesse f. CVL	and notion	The state of the same	lare (\$ $\alpha 5 = 0.00$
Lot 2 Grave	2 Row_s	ection	Division //
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Bates of Lots Opening/ Closing Buries	67007 77 194 77 194 77 194 77 194 77 195 77 192
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Recording & Minc. Free Pro-Need Trust	100 77185 100 77185 60033 9022 78380
AC-212 (Nov. 11-86)	ISSUED BY DOME	TOTAL PAID	2500

CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-2151		
From Casie Everet	+ Address 5827 Pel	Date:	7-13 187 SD 92113
Twenty - fu	e tot tot	Dol	lars (\$ 25.00)
In Payment of 1	2	1	Division //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 50% Sales	67007 77184
No. E-6/00		of Lots Opening/ Closing	77184 100 77161
BALANCE DUE 53/92		Handling Fee 1	77182 100 77183 100
Pre-Need Lot At Need On Acct Pre-need Trust Cesh Check	Ve Wand	Pre-Hand I	0022 00101 78900
MO-212 (New, 11-88)	months of the	TOTAL PAID	· ds -

CAMARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151			1
From Cassic Ever ett	Address: SO27 Les	Date:	Huet Heet	1987
I-twenty-thie	e of all a late	<u> </u>	ollars (\$ 23 · C	20,
In Payment of	ace par Jace		Photos	
LOT 122 Grave_		ection	Division Stock	11
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/Closing Burist Containers Handling Fee Recording & Mice, Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 63033 8022 80101 78360	3 -

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

The state of the s	284-3151		
From: Jessie P. Everett	Address: 5027 Pelus	Date: 11-6	92/13
Twenty The Dolls	ve -	THE RESERVE TO SECURE ASSESSMENT AND ADDRESS.	23.00
In Payment of Q	an in see Coya	-70	
Lot 122 Grave	2Rowse	ection	Division //
Invoice No Acct. No W.O. E - 6 100 BALANCE DUE 288-00 Pre-Need Lot At Need On Acct	MOT VALID FOR PURIPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — 90% Closing 77181 — 90% Contains 77182 — 90% Containers 77182 — 90% Containers 77182 — 90% Containers 77183 — 90% Container	25 00
Pre-need Trust	1 IBBUED BY Brus Mirian	Sales Tax 80101 — 78390 — TOTAL PAID \$	24 00

thon with each remittance COUPON DU NOT MAIL ENTIRE BOOK ACCOUNT No. -6100 Jessie P. Ever 5027 Pelusa St. San Diego, CA 92113 Month and Day Due Indicated Below APR MAY JUN JUL AUG DEC JAN FEB MAR OCT Amount due when paid on, or before, due date above ds0. Amount due if paid more than..... days after due date above. Amount Received NAME **ADDRESS** ZIP STATE CITY check (/) if this is new address

	WHITE TO GUSTOMER
1	CANARY CEMETERY PINK AUDITOR
а	CHANGE THE PARTY OF THE PARTY O

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HORE CEMETERY

Nº 35569

From essie - Evere	Address 5027 Les	lusa S	-14 Live	15B	88
In Payment of Co	2 ROW_	Section 1	-	Division Block	
Invoice No	NOT VALID FOR PURPOSE STATEDUNILESS STAMPED PAID IN THIS SPACE. CITY AUDITOR JAN 22 1988	20% Sales Cara 60% Sales of Lote Opening/ Closing Bursel Containers Handling Fee Recording & Msc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	25	00
Pre-Need Lot At Need On Acct O	ISSUED BY Forglis of 16	Pro-Need Types Sales Tax	60101 76390 —	25	00

DO	NOT	MAIL T No. Je: 58:	ENTIF ENTIF E 27	E BO	OK 190 P.	Eve	ere	et		1 李电影	7
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MAY	JUN	_	AUG	-		-	_	_		MAR	APR
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ADD	RESS	Ġ									
CITY						STAT	100		ZIF		

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 35703

GANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 284-3151) Dello: 2-10 1888
From: Twent - 44	ic nallos	eleasa, 0 12/13
In Payment of	ace for # 18 Or	edet dat
Lot 12 2 Grave_		oction Division //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100
Acct, No. E-6100	CITY AUDITOR	of Lota 77184 Opening/ 100 Closing 77181 Gurial 100
BALANCE DUE 207.00	FEB 1 2 1988	Containers 77162 100 Handling Fee 77185
Pre-Need Lot At Need On Acct	101)	Fre Need 63033
Pre-need Trust Cash Check A	Issumo By Ganala Was	Sofor TEX 80101 76390 STAL PAID 8 45 00

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. 5027 Palusa St. Sam Diego, CA 92113 Month and Day Due Indicated Below AUG SEP OCT NOV DEC JAN FEB MAR JUN MAY Amount due when paid on, or before, due date above. Amount due if paid more than. after due date above.

Amount Received

□ check (✓) if this is new address

STATE

NAME ADDRESS

CITY

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

PINK AUDITOR	MOUNT HOPE CEMETERY		
. 00	264-3151	Date: 4/-/	3 .1.88
From: July Culte	Address: 5021	eusa Il	LEET SP
In Payment of Usice	en do les	to day	<u> </u>
	(Slik -	not recen	i all my Mour
Lot 22 Grave_	2 Rows	ection	Division /
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100	15 (5)
Acct. No	CITY AUBITOR	of Lots 77184 — Opening/ 100 Closing 77181 —	2500
BALANCE DUE 182,00	APR 19 1988	Burini 100 Containers 77182 —	
	APR 19 1000	Haridting Fee 77185 — Recording & 100 Misc. Fees 77183 —	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	(() ()	Pre-Need 63030 Trust 9022 — Sales Tax 60101	PA
AC-212 (Play, 10-87) 27	ISSUED BY TO LOU	TOTAL PAID \$	2500.

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6100 Jessie P. Everett 5027 Polusa St. Sam Diego, CA 92113 Month and Day Due Indicated Below SEP OCT NOV DEC JAN FEB MAR APR MAY JUN 1111 AIIG Amount due when paid on, or before. due date above. days Amount due if paid more than... after due date above. Amount Received NAME **ADDRESS** STATE ZIP CITY check (/) if this is new address

WHITE TO CUSTOMER

CANARY CEMETERY PINK	MOUNT HOPE CEMETERY		te b	0
From Dessie Everi	D Address 5027 4	Plusa	JF 5D	162
Thirty wall	12 Custo	+ XI	Mars (\$ 30.0	الط
In Payment of Lace	2		Division	//
Invoice No	NOTVALID FOR PURPOSE STAYED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 20% Sales of Lots	87007 77184 100 77184	=
W.O. E-6100 BALANCE DUE 257.00		Opening/ Closing Buriel Containers Handling Fee	100 77181 100 77182 100 77180	
Pre-Need Lot At Need On Acct O	(1)	Recording & Miso. Fees Pro-Hond Trust Sales Tax	100 77183 83933 8082 80101 78580	
AC212 (Ray, 11-60) 225-6582-8/2	BOUED BY FINE WOLD	TOTAL PAID	36	_

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6100

Jessie P. Everett 5027 Pelusa St. Sam Diego, CA 92113

Month and Day Due Indicated Below JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT DEC NOV

Amount due when paid on, or before. due date above. days Amount due if paid more than.

Amount Received

NAME **ADDRESS**

after due date above

STATE ZIP CITY

☐ check (v') if this is new address

•	WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR	CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 36535
	to represent Payment of	Lenet Selles	Dollars (\$ 25.80)
	Lot Grave		oction Division Block
200 FL	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CRECHT 67007 20% Sales Care 77184 90% Sales 100 2-5
	W.O. E - 1/100	CITY AUDITOR	Official 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182
	BALANCE DUE 157.00	AUG 12 1988	Handling Fee 77188 Recording & 100 Misc. Fees 77183
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Mary dare	Pra-Need 83033 Trust 9022 Sales Tax 80101 78090 TOTAL PAID
100	127 7-2851- 593		

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WHITE TO CUSTOMER CANARY DEMETERY PINK AUDITOR

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

From: Essie Evere	264-3151 Address: 3027	Petersi	1-20-389
Twenty - th	100 20/10 -	Water de	+ 23-00, +
Invoice No. Acct. No. W.O. BALANCE DUE AI Need On Acct. Pre-Need Lot Pre-need Trust Cash Check AC-212 (Prev. 10-67)	PAID IN THIS SPACE RESULED BY PINGLA LUCK	80% Sales 1 of Lots 771 Opening/ 1 Closing 771 Burist Containers 771	23 00 00 00 00 00 00 00 00 00 00 00 00 00

Seed or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6180

Jessie P. Everett 5027 Peluca St. San Diego, CA 9211

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APR	MAY			AUG						FEB	MAR
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NAM	Ε			An	nount l	Receive	ed \$	_			
ADD	RESS								-		



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

38137

PINKAUDITOR	MOUNT HOPE CEMETERY	1 ×			1
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From Colec 1. Ogli	Address Of 1	with	+	00	-
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In Payment of	region of	Marit	Xa	7	-
757				Distate /	-
Lot /X/ Grave	Row S	ection		Block	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 ——	CH	00
Acct. No.		of Lots Opening/	77184 ——	A	DITOR
w.o. & -6/00		Ofosing Burlat Containers	77181 — 100 77182 —	UN.	- OR
BALANCE DUE 107.00		Handling Fee	100 77185 —	15	1989
Pre-Need Lot At Need On Acct		Recording & Misc. Fees Pre-Need	100 77183 — 83033		3 14
Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check	- 4	Trust Sales Tax	83033 9022 80101		13
*AC-212 (Rev. 10-87 239-7200-455	ISSUED BY CHOLY	TOTAL PAID	78390 —	25	0

or bring one coupen with each remittance COUPON

DO NOT MAIL ENTIRE BOOK ACCOUNT No. 5-6100

> Jassie P. Everett 5027 Pelusa St. San Diego, CA 92113

		Mon	th a	nd D	ay D	ue In	dical	ed B	elow		1
SEP	OCT	MOV	DEC	JAN	FEB	MAR	APR	MAY		JUL	AUG
Amou due di	nt due ate abo	when j		or be	fore.)	> s		23.	00	
Amou after (nt due due da	if paid te abo	more t ve.	han_	d	ays	5			_	
							S	-	10	_	_
NAM	E			A	nount	Receive	ed \$	_			
ADD	RESS										
CITY						STAT			ZIP		

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

M2 38525

PINK AUDITOR	264	-3151			AND F	
2 am	+ -	200 /	Date:	11-1	7	907
From:	Address:	001 10	come	4	25.00	7
there fine	12017	1+	D	ollars (\$	23.00	
Payment of	way o			1	5.00	
Lot 122 Grave_	2	. Row Sec	ction	/	Division /	1
Invoice No.	NOT VALID FOR PURPOSE STA	ATED UNLESS STAMPED	CREDIT 20% Sales Care	87007 77184 —	25	00
Acct. No.		motion & L	60% Sales of Lots Opening/	77184 — 100	CITY ALI	EAR
wo 8-6/00			Closing Burial Containers	77181 — 100 77182 —	AU	TOR
BALANCE DUE 89.00			Haridling Fee	100 77185 —	NOV 12	100
Pre-Need Lot At Need D On Acct D			Recording & Misc. Fees Pre-Need	77183 — 63033	- 0	989
Pre-need Trust Cash Check	1200 1	1 / 1	Sales Tax	9022 — 60101 76390 —		
AC-212 (Rev. 10-87) 192-0217-4	Vigeued BY	de la	TOTAL PAID	•_	25	00



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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Mo

38888

From: From: Elucion Diversion Paymen	to Credit 7	5027 Peu	en St	-/3 // 9 Pollers (\$ =	20.00	1990
Lot 122	Grave 2	Row	_ Section/		Division Division	/
Invoice No.	NOT VALID FOR PAID IN THIS S	PURPOSE STATED UNLESS STAMSPACE. CITY AUDIT	PED CREDIT	87007 77184 — 100 77184 —	20	0
W.O. E-6/10		FEB 2 0 19	990 Opening/ Closing Buriet Containers	100 77181 — 100 77182 —		
AMOUNT TO SEE THE	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Handling Fee Recording & Misc. Fees Pre-Need	77185 — 1100 77183 —		
Pre-Need Lot At Need Dere-Need Trust Cash Cash AC-212 (Nev. 10-87) 103/4	Check ST ISSUED BY	ollen Wait	Trust Sales Tex TOTAL PAID	63033 9022 — 60101 78390 —	20	W

REV 344

Send or bring one coupon with each remittence COUPON

DO NOT MAIL ENTIRE BOOK
ACCOUNT No. 2-6100

Jessia P. Eyerett 5027 Feluma St. San Diego, GA 92113

Month and Day Due Indicated Selow

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

Amount due if paid more than days

23.00

after due date above.

NAME

Amount Received \$

CITY STATE ZIP

Check (/) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

39110

MOUNT HOPE CEMETERY

	264-3151	IPR-16 1990			
		Date: 4	6-11	1/20	9 90
From: July Elicett	Address: 507 Feb	Tole .		23.4	113
n Payment of C	idet for	D	ollars (\$ 9	25.7.1)
(2)		*/		Division /	-
Lot Grave	ROW SOME STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	25	00
Acct. No	# ## 17 17 1V	80% Sales of Lots Opening/ Closing	100 77184 — 100 77181 —	1 1	,1 1 0 W.S.
BALANCE DUE		Burist Containers Handling Fee	100 77182 — 100 77185 —	1 11	
Pre-Need Lot At Need On Acct		Pre-Need Trust	100 77183 — 63033 9022 —	No. 11 to	
Pre-need Trust Cash Check C	ISSUED BY Levelle	Sales Tex TOTAL PAID	90101 78390 —	25	00

aring one coupon with each remittance COLIPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. R-6100 Jessie P: Everett 5027 Palusa S San Diego, CA 92113 Month and Day Due Indicated Below OCT NOV DEC JAN MAR APR Amount due when paid on, or before, due date shove

	Uth			a —	1.3	
mount due if paid in fter due date above	nore than	days	-	s	- ū	



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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

Nº 3

39485

En +	Address: 5000 Peta	Date:	16 92	19/19
In Payment of	Leve Son	710/10 D	ollars (\$ 25,	0)
Lot 122 . Grave		ection	Division Block	11
- Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	77184 —	5 W
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-87)	ISSUED BY 4 CONTES	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 9022 60101 78390	5 00

Send or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6100

> Jessie P. Everett 5027 Pelusa St. San Diego, CA 92113

MAR	APR	MAY	JUN V	JUL	AUG	SEP	OCT	*	DEC	JAN	FEB
	nt due ite abo	when p		or be	fore,		> s	2	3.	00	
A.m.a	nt due	it asid :			da	- 1					
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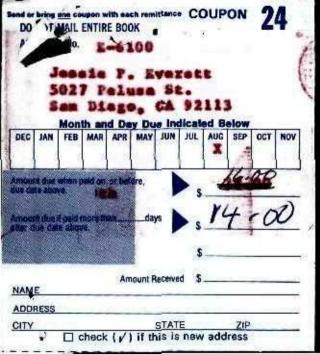


WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

Nº 39622

From: Service P. L. SERVITE.	Address: 5027 Fee L	Date: #-	77 — , 1977 70 112 Hollars (\$ 14 5 5
Lot A Grave &		ction _/	Division Block
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-67)	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 777984 100 77194 100 771981 100 77182 100 77185 100 77183 83033 9022 90101 78390



For Auditors Use Only Date Auditors Royd	Ref unds	Application Date
		Application Date
Refund No.		Date Rovd By Dept
Processed ByAcct	APPLICATION FOR REFUND	Daily Cash Receipt (DCR) No
Apprvd By Date		
To City Auditor & Comptroller:	original price was 5-95.00	\$2.00 miles
The undersigned hereby requests refu	nd of \$ 476. Date paid 8/14/86	on weep
No. E 4100 _ for the follow		(Name of Receipt or Permit No.)
	d) curtamer fills out	
The period points	at) actioner files one	
·	· · · · · · · · · · · · · · · · · · ·	
		**
Refund Requested by:	0.7	
Print Name A 551 F P TV	ERETT Address: 5027 Pell	sa st
Signature: Hower Plans	SAN DIEGO C	1A 921/3
Go Go		
	d receipt or permit must be attached. If claim	
other than one named in such he is entitled to refund paymen	receipt or permit, he must submit satisfactory nt.	evidence that
	CITY USE ONLY	
I hereby certify that payment to the cit	ty of San Diego of the above stated amount wa	s made under mistake of law or fact
	on from the City for such payment and that refu	
	Title Date _	
Signature:	Dept. Name Park & Rec Phone 5	27-3400MS. 71
	*6	
		Copy - Auditor's

Pink Copy - Auditor's
Green Copy - Originating Dept.

Copy one for Customer