E6101

IN VAULT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie M. Williams

in a ~~Vault~~/Liner Funeral, date, time NONE Wed 8/20

Church, Chapel, Graveside Family ; Humphrie C.V Mortuary.

All Funeral cars must 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 70 Grave 4 Row — Section 2 Division/Block 11

Grave space & Care Fund	Pre need
Additional spaces and care fund	none
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker set and fee	Gd Vase 15.00
Recording and filing fee	35.00
Sales taxes	.90
Total Due	155.90 ~~140.00~~
Paid receipt number	3363 155.90
Balance due	0

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

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

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

Signature of recorded holder of deed

Call When Ready
422-1084

Work Order # E 6101

PY-503 (REV. 8-86)

x Margaret E Rogers
Signature
x 944 ANITA ST #46
Address
x CHULA VISTA, CA 92011
State Zip Code
x 4221084
Telephone

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

102780

E6101

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elsie M. Williams	Female	April 15,1892	August 8,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Margaret F. Rogers-dtr. 444 Anita St. # 46 Chula Vista, Ca. 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Mortuary Chula Vista, Ca.	F-964

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Coastal Crematory Pasadena, Ca.	DATE CREMATED AUG 1 : 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED AUG 11 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 20 1986 (ENTER DATE) 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 COUNTY OF DEATH n/a		

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.

E6101

OFFICIAL RECEIPT

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

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

No. 33653

Date: 8/14/86

From: Margaret Rogers Address: 444 Anita St CV 92011

One Hundred Fifty Five & 90/100 Dollars $ 155.90

In full Payment of Interment Fee & gal Vase for Elsie M Williams-dec

Lot 70 Grave 4 Row Section 2 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E6101

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-80) 3335

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

CITY AUDITOR
1987
AUG 20 1986

ISSUED BY Rogers

CREDIT 20% Sales Care	67007 77184	~	
80% Sales of Lots	100 77184	~	
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	10	00
Recording fees or misc. service fees	100 77183	40	00
Sales Tax	60101 9020		90
TOTAL PAID	$	155	90

E6102

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/18/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary E. Jones

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 8/19 11:00

Church, Chapel, Graveside ____; Rosedale Mortuary.

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

Lot 9 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 33657	101.00
Balance due	1000.00

30 Day note

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

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

Signature of recorded holder of deed

Leroy Jones Jr.
Signature
3117 Palm #22
Address
San Diego Ca. 92113
State Zip Code
239-5918
Telephone

Invoice # 046635

Work Order # E 6102

Acct. # 018589

PY-583 (REV. 8-85)

W.O. NO. E6102

NOTE—STRAIGHT

$ 1000 00/100 San Diego, California, August 18, 1986

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of One Thousand DOLLARS,

with interest from September 18, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Leroy Jones

3117 Valle #22 S.D. Ca. 92113

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6102

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Ella Jones	Female	July 3, 1924	August 13, 1986

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	SanDiego	Leroy Jones, Jr. - Son 3117 Valle Ave. Apt. 22 San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Andersen-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1328

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street; San Diego, Ca.		COUNTY: SanDiego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: AUG 18 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 19 1986 (ENTER DATE)	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 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

E6102

OFFICIAL RECEIPT

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

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

№ 33657

Date: August 18, 1986

From: LeRoy Jones, Jr Address: 3117 Valle #22 - SD 92113

One Hundred and One and no/100 Dollars ($ 101.00)

In part Payment of Interment fees for Mary E Jones - Dec

Lot 9 Grave 2 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6102

Unpaid Balance after this Payment $1000.00

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

222-4705-038 = 100.00
1 cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR 1986
AUG 20 1986

ISSUED BY Geoyen Stetter

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	101.00
Openings & Service Charges	100 77181	—
Burial Containers	100 77182	—
Recording fees or misc. service fees	100 77183	—
Sales Tax	60101 6020	—
TOTAL PAID	$	101.00

E 6103

Upper left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-18-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert R. Schulenburg

in a Ash (Vault/Liner) Funeral, date, time upon delivery Mon 8/26

Church, Chapel, Graveside Delivery ; Telophase Mortuary.

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

Lot 60 Grave 12 Row _____ Section 5 Division/~~Block~~ 2

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40
Handling Fees	60
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	242 40
Paid receipt number 33659	242 40
Balance due	-0-

PAID
AUG 18 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Robert Schulenburg
Signature of recorded holder of deed

Robert Schulenburg
Signature

3430 D AVE NOTOMACK
Address

CALIF 92050
State Zip Code

477 8303
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6103

PY-593 (REV. 8-85)

23569

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK [illegible]—MAKE NO ALTERATIONS [illegible]ERASURES

E6103

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Albert Robert Schulenburg	Male	08-17-1890	08-13-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	PRENEED TELOPHASE: 2430 "D" Avenue National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
TELOPHASE SOCIETY 1333 Camino Del Rio So. #105 S.D. CA	F 1272

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery- 3751 Market St. San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY 2299 S. Manchester Ave. Anaheim, CA	DATE CREMATED: 8/19/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		N/A
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: Preneed Telophase by: [signature] DATE SIGNED: August 15, 1986
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: AUG 18 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature] Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: AUG 26 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/A		

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.

E 6103

OFFICIAL RECEIPT

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

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

№ 33659

Date: 08-18, 1986

From: Robt H. Schulenburg Address: 2430 D Ave N.C. Ca 92050

Two hundred forty two and 40/100 — Dollars ($ 242.40)

In full Payment of Albert R. Schulenburg Service

Lot 61 Grave 12 Row Section 5 Division Block 2

Invoice No.

Acct. No.

W.O. E-6103

Unpaid Balance after this Payment Ø

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

AC-212 (Rev. 8-85)

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

CITY AUDITOR
1986 AUG 20 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
10% Sales Tax	100 77184		
Openings & Service Charges	100 77181	105	00
Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 9020	2	40
TOTAL PAID	$	242	40

E 6104

Case # 13328

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-18-86

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

in a _____ Funeral, date, time Tues 8/19 11:00
Vault/Liner

Church, Chapel, Graveside Drop off ; Mayer Mortuary.

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

✓ Lot 45 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	55 00
Additional spaces and care fund	
Opening/Closing & Setup	90 00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

County of SD
Signature
520-A Ruffin
Address
SD Ca 92123
State Zip Code
Bittner
Telephone

Invoice # 046642

Work Order # E 6104

Acct. # 000952

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6104

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Donald Eugene Bartlett	Male	Feb 6, 1941	August 8, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Meyer Mortuary 2859 Adams Ave. San Diego, CA.	1424

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

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

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, SanDiego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: AUG 19 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: AUG 19 1986 (ENTER DATE)	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 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.

046642	09/05/86	000952	COUNTY OF SAN DIEGO			11/25/86	CK	041712015	145.00	145.00	0.00
			100	072	77181	000072			90.00		PAID IN FULL
			100	072	77184	000072			55.00		

E6104

E 6105

MT. HOPE CEMETERY

INTERMENT ORDER

Credit Sales lot for

City of San Diego

Date 08-18-86

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 171 Grave 9410 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ... 2 @ $395.00	$790.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	790.00
Paid receipt number 33664	100.00
Balance due	690.00

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

8-18-86

cover

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

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

_____
Signature of recorded holder of deed

Signature _____

Address 6538 N. Choice

State Fresno, Ca 93710 Zip Code

Telephone _____

20% 158.00
80% 632.00
790.00

Work Order # E 6105

PY-583 (REV 8-86)

Invoice # _____

Acct. # _____

158 - 20%

cove

		690 00
9-4-86	33705 ✓	50 00
		640 00
10-6-86	33801 ✓	50 00
		590 00
11-17-86	33930 ✓	50 00
		540 00
12-10-86	34001 ✓	50 00
		490 00
01-07-86	34065 ✓	50 00
		440 00
02 05 87	34173 ✓	50
		390 00
03-06-87	34279 ✓	50 00
		340 00
04-08-87	34402 ✓	50 00
		290 00
05-05-87	34523 ✓	50 00
		240 00
06-04-87	34650	50 00
		190 00
07-07-87	34779	50 00
		140 00
08-05-87	34890	50 00
		90 00
09-03-87	34890	50 00
		40 00
10-6-87	35114	

E 6105

OFFICIAL RECEIPT

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

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

№ 33664

Date: 08-18, 1986

From: Carole Miller Address: 6538 N. Chance Fresno 93710

One hundred and no/100 Dollars ($ 100.00)

In Part Payment of Credit Sales Lots

Lot 171 Grave 9 & 10 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-6105

Unpaid Balance after this Payment $690.00

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

AC-212 (Rev. 8-85)

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

001790

CITY AUDITOR

AUG 25 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	00101 9020		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

№ 34990

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

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

Date: 9-3, 1987

From: Carole Miller Address: 6538 No Change, Fresno 93710

fifty dollars Dollars ($50)

In Payment of Canyon #13, Credit Sale

Lot 171 Grave 9 & 10 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6105

BALANCE DUE 40.00

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

AC-212 (Rev. 11-86) 2556

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

ISSUED BY Kathy Ward

CREDIT	67007	50	—
20% Sales Care	77184		
40% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	50	—

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Elelas

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35113

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

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

Date: 10-6, 1987

From: Carole Miller Address: 6538 N. Chance Fresno, CA
Forty Dollars Dollars ($ 37.10 40.00)

In _____ Payment of Coupon #14 Credit Lot

Lot 171 Grave 9 & 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6105

BALANCE DUE 0

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

2614

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	40	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	40	—


Send or bring one coupon with each remittance COUPON 14
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. E-6105
E6105
Carole Miller
6538 N. Chance
Fresno, CA 93710
Month and Day Due Indicated Below
FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN
X
$ 40.00
Amount due when paid on or before due date above. 10th
days
$
Amount due if paid more than
after due date above.
$
NAME CARLE MILLER
ADDRESS 1111 E. RICHMOND AVE
CITY FRESNO STATE CA ZIP 93710
X check (✓) if this is new address

OFFICIAL RECEIPT

№ 34890

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

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

Date: 8-5, 1987

From: Bennie J. Miller Address: Fresno, CA.

Fifty Dollars Dollars ($ 50.00)

In Coupon Payment of Credit Sale - Coupon #12
E-6105

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6105

BALANCE DUE ____

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

AC-212 (Rev. 11-86) 2523

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

ISSUED BY JD

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105 Eul05

Carole Miller
6538 E. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 50.00

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

$

Amount Received $ 50.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34779

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

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

Date: 7-7 1987

From: Carole Miller Address: 6538 N. Chance, Tucson, CA

Fifty dollars Dollars ($ 50.00)

In _____ Payment of Coupon 11, Credit Lot Sales

Lot 171 Grave 9 & 10 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6105

BALANCE DUE _____

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

2485

AC-212 (Rev. 11-86)

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

ISSUED BY Handy Ward

CREDIT 20% Sales Care	67007 77184	18	00
80% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6105

E6105

Cargle Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34650

Date: 06-04, 19 87

From Bennie J. Miller Address: 6538 No. Chance, Fresno 93710

Fifty and no/100 Dollars ($ 50 00)

In Full Payment of Burial Lot

Lot 171 Grave 9 & 10 Row Section 1 Division ~~Block~~ 12

Invoice No

Acct. No.

W.O. E 6105

BALANCE DUE ~~$190 00~~

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

AC-212 (Rev. 11-86)

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

ISSUED BY E. Tang

CREDIT		
20% Sales Care	97007 77184	
80% Sales of Lots	100 77184	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	98101 78390	
TOTAL PAID	$	50 00

ing one coupon with each remittance **COUPON** **10**

NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E 6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 34523

Date: 05-05 19 87

From: Bennie J. Miller Address: 6538 No. Chance, Fresno 93710

Fifty and no/100 Dollars ($ 50.00)

In Cash Payment of Preneed Lot

Lot 171 Grave 9 & 10 Row Section 1 Division Block 12

Invoice No

Acct. No

W.O. E 6105

BALANCE DUE $240.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 11-86)

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

ISSUED BY B. Tang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78990		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E 6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 50.00

h

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34402

Date: 04-08 19 17

From: Bernie J. Miller Address: 6538 No. Chance, Fresno 93710

Fifty and no/100 Dollars ($ 50.00)

In Full Payment of Prenced Lot(s)

Lot 171 Grave 9 & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6105

BALANCE DUE ~~$290.00~~

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

AC-212 (Rev. 11-86)

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

ISSUED BY B. Tang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	65033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

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

$ ____

Amount Received $ ____

NAME BEANIE J. MILLER

ADDRESS 6538 N. CHANCE AVE

CITY FRESNO STATE CA ZIP 93711

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34279

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

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

Date: 03-06, 1987

From: Bennie J. Miller Address: 6538 No. Chance Fresno, Ca 93710

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Prince Lot Sale

Lot 171 Grave 9 & 10 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E6105

BALANCE DUE $340.00

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

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

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. COUPON 7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 50.00

h

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34173

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

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

Date: 02-05 19 87

From: Dennis J. Miller Address: 6538 No. Chance Fresno 93710

Fifty and no/100 Dollars ($ 50 00)

In Full Payment of Preneed Lot (s)

Lot 171 Grave 9+10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6105

BALANCE DUE $390 00

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

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

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

ISSUED BY B. Lang

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105 E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

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

$

Amount Received $

NAME CAROLE MILLER

ADDRESS 6538 N. CHANCE

CITY FRESNO STATE CA ZIP 93710

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34065

Date: 01-07 , 19 87

From: Carole A. Miller Address: 6538 No. Chance, Fresno, Ca 93711

Sixty and no/100 Dollars ($ 60.00)

In Part Payment of Fenced Lots

Lot 171 Grave 9 & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6105

BALANCE DUE $440.00

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

AC-212 (Rev. 11-86)

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

JAN 08 1987

ISSUED BY L. Tang

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6103

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 50.00

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

$ _____

Amount Received $ _____

NAME CAROLE MILLER

ADDRESS 6538 N. CHANCE

CITY FRESNO STATE CA ZIP 93710

☐ check (✓) if this is new address

№ 34001

OFFICIAL RECEIPT

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

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

(93710)

Date: 12-10, 19 86

From: Bennie J. Miller Address: 6538 No. Chance Fresno, Ca

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Preneed lots

Lot 171 Grave 9 & 10 Row Section 1 Division ~~Block~~ 1

Invoice No.

Acct. No.

W.O. E6105

BALANCE DUE $490.00

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

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

CITY AUDITOR
DEC 15 1986

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77164		
80% Sales of Lots	100 77164	50	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. 10th ▶ $ 50.00

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

$

Amount Received $

NAME CAROLE MILLER

ADDRESS 6538 N. CHANCE

CITY FRESNO STATE CA ZIP 93710

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 33930

(93710)

Date: 11-17 19 86

From: Bernie J. Miller Address: 6538 No. Chance, Fresno Ca

Fifty and no/100 Dollars ($ 50.00)

In Cash Payment of Credit lot sale

Lot 171 Grave 9 & 10 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E 6105

BALANCE DUE $540.00

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

AC-212 (Rev. 11-86)

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

CITY AUDITOR
NOV 18 1986

ISSUED BY B. Long

CREDIT	67007	50	00
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78900		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above
10th
▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME CAROLE MILLER

ADDRESS 6538 N. CHANCE

CITY FRESNO STATE CA ZIP 93710

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33801

Date: 11-6, 1986

From: Carole A Miller Address: 6538 No. Chance, Fresno, Ca 93710

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Planned Lot

Lot 171 Grave 9 & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6105

Unpaid Balance after this Payment $590.00

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

AC-212 (Rev. 8-86)

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

CITY AUDITOR
OCT 10 1986

ISSUED BY D. Hong

CREDIT 30% Sales Care	97007 77184		
60% Sales of Lots	100 77184	50	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 6020		
TOTAL PAID		$ 50	00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105

E6105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33705

Date: 09-04, 19 86

From: Carole Miller Address: 6538 N. Chance, Fresno, Ca 93710

Fifty and no/100 Dollars ($ 50 00)

In Full Payment of Credit for Sale

Lot 171 Grave 9710 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6105

Unpaid Balance after this Payment $640 00

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

002306

AUDITOR

SEP 10 1986

CREDIT 20% Sales Com	67007 77184		
80% Sales of Lots	100 77184	50	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	90101 9020		
TOTAL PAID	$	50	00

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

ISSUED BY B. Dang

AC-212 (Rev. 8-86)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105 ~ 66105

Carole Miller
6538 N. Chance
Fresno, CA 93710

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above
10th
$ 50.00

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

$ _____

Amount Received $ _____

NAME CAROLE MILLER

ADDRESS 6538 N. CHANCE

CITY FRESNO STATE CA ZIP 93710

☐ check (✓) if this is new address

E6106

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust Deposit for

Date 08-20-86

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

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

✓ Lot 52 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container Ash Vault	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	242 40
Paid receipt number 33669	242 40
Balance due	-0-

PAID
AUG 20 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

8-20-86

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6106

Acct. # _____

PY-593 (REV. 8-85)

E6106

OFFICIAL RECEIPT

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

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

№ 33669

Date: 08-20, 1986

From: Lucille Klopcic Address: 13241 El Dorado Dr. Leal Bk 90740

Two hundred forty two and 40/100 — Dollars ($ 242.40)

In full Payment of Prepaid Trust deposit for burial services

Lot 52 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6106

Unpaid Balance after this Payment 0

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

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

1986 CITY AUDITOR AUG 25 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	80101 9020		
TOTAL PAID		$ 242	40

AC-212 (Rev. 8-85)

E3033-9022

E6107

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/20/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOOSAJI M. Parekh 8/19 8-20

in a Special Consideration — 3:30 P.M TUE
Vault/Liner Funeral/date/time

Church, Chapel, Graveside graveside ; Greenwood Mortuary.

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

Lot A4 Grave _____ Row _____ Section _____ Division/~~Block~~ _____

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup — Small Size —	250.00
Burial Container — Gravel — No — Sand.	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	—
Total Due	285.00
Paid receipt number	
Balance due	

Bill ayod

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

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

_____
Signature of recorded holder of deed

X _____
Signature

MOSD
Address

_____
State Zip Code

_____
Telephone

Invoice # 046643

Acct. # 015935

Work Order # E 6107

PY-593 (REV. 8-85)

E 6107

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6107

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Meenaji M. Parekh	Male	May 6, 1935	Aug. 20, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Shrikin Parekh-Brother 3814 Marlborough Avenue, #1 San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805-4 Imperial Ave., San Diego, CA	F-843

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: AUG 20 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/20/86 (ENTER DATE)	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 COUNTY OF DEATH: NA		

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

046643	09/08/86	015935	MUSLIM ORGANIZATION				10/22/86	JV	JV22908	135.00	285.00	150.00
	E 6107		100	072	77181	000072				118.42		PARTIAL PAYMEN
			100	072	77183	000072				16.58		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 0.00

6643	09/08/86	015935	MUSLIM ORGANIZATION				11/14/86	CK	108	150.00	285.00	0.00
			100	072	77181	000072				131.58		PAID IN FULL
			100	072	77183	000072				18.42		

E6108

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel B. Rose Ⓓ

in a _____ Vault/Liner Funeral, date, time Fri 8-29 AM

Church, Chapel, Graveside _____ : Litty Mortuary.

All Funeral cars must 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 241 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	Preneed
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	
Total Due	140.00
Paid receipt number 33680	140.00
Balance due	-0-

PAID
AUG 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

8-28-86

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

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

Reba L. Rose
Signature of recorded holder of deed

Completed 8/29/86
GWS.

Reba L. Rose
Signature

99235 Wenchuck Rd
Address

Brookings, Or 97415
State Zip Code

503-469-6116
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6108

PY-593 (REV. 8-85)

E 6108





E6108

Litty Funeral Directors
Funeral Home

Paul Litty

GOLD BEACH CHAPEL
130 Hillcrest St.
Gold Beach, Oregon 97444
(503) 247-6929

BROOKINGS CHAPEL
P.O. Box 1100
Brookings, Oregon 97415
(503) 469-2752

July 7,1986

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego,CA. 92102

RE: INURNMENT OF CREMAINS DANIEL B. ROSE

Gentlemen:

We are shipping the cremains of Daniel B. Rose for inurnment in Mount Hope Cemetery.

I have enclosed a copy of Deed and Disposition permit. Would you please correspond with Mrs. Reba Rose, wife of the decedent regarding costs for placement of the cremains. She also has trust funds, numbers 039-504-1973 and 039-504-1965 on deposit with you that she would like released to her. Would you please let her know what steps must be taken to release these funds.

Sincerely,

Mary L. Adkins

Mary L. Adkins
Litty Funeral Directors

E6108

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Daniel B. Rose for the sum of $ 80.00 (DOLLARS)

LEGAL DESCRIPTION Lot 241 and 242, Section 4, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-3465

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

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

2 x 1 Flush Memorial

Randall L. Taylor
Cemetery Manager

Leo B. Callard
Park and Recreation Director

E6108

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

A0833 ID TAG NO. | Local File Number | State File Number

TYPE OR PRINT IN PERMANENT INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DECEASED — NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 DANIEL	L.	ROSE	2 JUNE 26, 1986

RACE White, Black, American Indian, etc. (specify)	SEX	AGE — Last birthday (years)	Under 1 year: mos / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 WHITE	4 MALE	5a	5b	5c	6 SEPTEMBER 24, 1908

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)	COUNTY OF DEATH
7a BROOKINGS	7b 99235 WINCHUCK RIVER RD.	7c	7d CURRY

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
8 MINNESOTA	9 U.S.A.	10 MARRIED	11 REBA L.	12 NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 711-09-7052	14a LANDSCAPER	14b SAN DIEGO SCHOOL DISTRI

RESIDENCE — STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP 97415	Inside City (specify yes or no)
15a OREGON	15b CURRY	15c BROOKINGS	15d 99235 WINCHUCK RIVER RD.	15e NO

FATHER — NAME first middle last	MOTHER — first middle last (Maiden Name)	INFORMANT — NAME and relationship to deceased
16 DANIEL ROSE	17 BERTHA ROSE BENSON	18 REBA L. ROSE, WIFE

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY — NAME	LOCATION city or town, state
19a CREMATION	19b LITTY FUNERAL DIRECTORS	19c BROOKINGS, OREGON

FUNERAL SERVICE LICENSEE or person acting as such (Signature)	NAME AND ADDRESS OF FACILITY
20a [signature]	20b LITTY FUNERAL DIRECTORS, BOX 1100, BROOKINGS, OR.

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) ►	DATE SIGNED (Mo., Day, Year) 21b	HOUR OF DEATH 21c
[signature]	6/26/86	3:30 A.M.

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21d Ronald L. Rennick MD PC 585-5th Street, Brookings, OR. ZIP 97415

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

AUTHORIZATION FOR FINAL DISPOSITION

THIS FORM WHEN SIGNED ABOVE BY THE FUNERAL SERVICE LICENSEE (20A) AND BY THE CERTIFYING PHYSICIAN (21A) SHALL SERVE AS A DISPOSAL-TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON. A DEATH CERTIFICATE HAVING BEEN COMPLETED AS REQUIRED BY LAWS OF THIS STATE, AUTHORITY IS HEREBY GIVEN TO THE ABOVE NAMED FUNERAL DIRECTOR TO TRANSPORT AND/OR MAKE FINAL DISPOSAL OF THE REMAINS IN ACCORD WITH ITEMS 19A THROUGH 19C ABOVE. PERMIT MUST ACCOMPANY REMAINS TO DESTINATION.

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN THIS FORM BELOW AND RETURN IT TO THE STATE REGISTRAR WITHIN 10 DAYS AFTER THE DATE OF FINAL DISPOSITION.

DATE OF DISPOSITION 6-26-86 SEXTON [signature]

RETURN THIS FORM TO THE STATE REGISTRAR, P.O. BOX 116, PORTLAND, OR 97207

45-2 R

F6108

OFFICIAL RECEIPT

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

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

№ 33680

Or. 9745

Date: 08-21, 19 86

From: Rebecca S. Rose Address: 9235 Winchuck Rd, Granite

One hundred forty and no/100 — Dollars ($ 140.00)

In full Payment of Rachel E. Rose Services

Lot 241 Grave Row Section 4 Division Block 2

Invoice No.

Acct. No.

W.O. E-6108

Unpaid Balance after this Payment -0-

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

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

CITY AUDITOR

SEP 03 1986 1986

ISSUED BY B. Tang

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	35	00
Sales Tax	60101 8020		
TOTAL PAID	$	141	00

E6109

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/21/86

201493

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

in a Grave/Sand Vault/Liner Funeral, date, time 8/24 - 11 Am Wed

Church, Chapel, Graveside Graveside ; Rogdale Mortuary.

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

Lot A Grave 5 Row 27 Section _____ Division/~~Block~~ _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Special Consideration Area not Completed.	250.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	
Total Due	285.00
Paid receipt number	
Balance due	

Bill opened

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

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

_____
Signature of recorded holder of deed

X _____
Signature

Address

State Zip Code

Telephone

Invoice # 046644

Work Order # E 6109

Acct. # 015935

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6109

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Shahidah Majied	Female	Aug. 12, 1908	Aug. 18, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Theresa M. Saunders - Daughter 3983 Oceanview Blvd. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: AUG 21 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 21 1986 (ENTER DATE)	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 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.

E6109

046644	09/08/86	015935	MUSLIM ORGANIZATION			10/04/86	CK	107			
			100	072	77181	000072			285.00	285.00	0.00
	E6109		100	072	77183	000072			250.00		
									35.00		PAID IN FULL

E6 110

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot for

Date 08-21-86

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot 134 Grave 7 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund (Double Depth)	595.00
Additional spaces and care fund allowed	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 33670	595.00
Balance due	-0-

PAID
AUG 21 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

8-21-86

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

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

_____
Signature of recorded holder of deed

Louis H. Wolfe
Signature

4244 Sunshine
Address

State Calif. Zip Code 92105

Telephone 2816252

Invoice # _____

Acct. # _____

Work Order # E 6110

PY-593 (REV. 8-86)

#11276

E6110

OFFICIAL RECEIPT

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

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

№ 33670

Date: 08-21, 1986

From: Louis N. Wolfe Address: 4294 Landis St. S.D. Ca 92105

Five hundred ninety five and no/100 Dollars ($ 595.00)

In full Payment of Preneed Lot (Double Depth Allowed)

Lot 134 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6110

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
AUG 26 1986
1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 6020		
TOTAL PAID	$	595	00

AC-212 (Rev. 8-85)

E 6111

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Salvador M. Mendoza

in a Bill (Vault/Liner) Funeral, date, time Sat. 8/23 9:30

Church, Chapel, Graveside _____ ; Pinkham Mortuary.

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

Lot 17 Grave 6 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	495.00
Additional spaces and care fund Sat overtime	380.00
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
[illegible] and filing fee	35.00
Sales [illegible]	6.00
Total Due	1481.00
Paid receipt number 33695	1481.00
Balance due	0

Marjorie Cremains from Holly Cross in Sana Carlos

PAID
AUG 23 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

[signature]
Signature

7923 Cinthia St
Address

La Mesa Ca 92041
State Zip Code

619-698-6009
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6111

PY-593 (REV. 8-85)

Bill - Pinkham - Kevin

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6111

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SALVADOR N. MENDOZA	MALE	FEB 16, 1904	AUG 20, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	RAY MENDOZA, SON 7923 CINTHIA STREET LA MESA, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKMAN-MITCHELL MORTUARY 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED AUG 21 1986 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Reams M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/23/86 (ENTER DATE) 8/26/86	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
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.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6111

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARJORIE MENDOZA	FEMALE	AUG 18, 1916	NOV 24, 1976

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	SALVADOR M. MENDOZA 20 EBONY AVENUE IMPERIAL BEACH, CA 92032

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED AUG 21 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D., M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/23/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6111

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marjorie Mendoza	Female	Aug 18, 1916	Nov 24, 1976

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Salvador M. Mendoza 20 Ebony Ave Imperial Beach, Ca 92032

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pinkham-Mitchell Imperial Beach Mortuary	1178

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

1. BURIAL (INCLUDES ENTOMBMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (AS PROVIDED FOR IN HEALTH AND SAFETY CODE)
4. SCIENTIFIC USE
5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
7. DISINTERMENT, CREMATION, AND BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (AS PROVIDED FOR IN HEALTH AND SAFETY CODE)
8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
9. DISINTERMENT OF CREMATED REMAINS AND BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (AS PROVIDED FOR IN HEALTH AND SAFETY CODE)

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

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED La Vista Crematory 32nd & Orange Sts National City, Calif	DATE CREMATED NOV 29 1976	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ J M Matthias Jr.
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Holy Cross Cemetery- 4470 Hilltop Dr, San Diego, Ca		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $2.00	DATE PERMIT ISSUED 26 NOV 1976	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ John R. Chelg MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 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 BURIED AT SEA.

COPY I

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 4-1-75) FORM VS-9

In Cashet of Salvador

E6111

OFFICIAL RECEIPT

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

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

№ 33675

Date: 8/23/86, 19

From: Pinkham-Mitchel I.B.M. Address: 808-13th St Imperial Beach. 92032

One Thousand four hundred Eighty one no/100 Dollars ($ 1481.00)

In Fill Payment of Interment of Salvador & Marjorie Mendoza Cremains of Marjorie in Casket with Salvador

Lot 17 Grave 6 Row Section 4 Division Block 6

Invoice No. —

Acct. No. —

W.O. E-6111

Unpaid Balance after this Payment 0

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

AC-212 (Rev. 8-85) 5352

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

CITY AUDITOR
1986 AUG 27 1986

ISSUED BY George Stetts

CREDIT 20% Sales Care	67007 77184	99	00
[illegible]	100 77164	396	00
Openings & [illegible] Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	560	00
Sales Tax	60101 8020	6	00
TOTAL PAID	$	1481	00

E 6112

Infant

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/22/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zeyad Mohammed Alghalib

in a Tone (Vault/Liner) Funeral, date, time 8/22 - 11:45 A.M.

Church, Chapel, Graveside Graveside ; Family Mortuary.

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

Lot A Grave 6 Row ____ Section Mus Division/Block ____

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	100.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing	35.00
Sales taxes	
Total Due	135.00
Paid receipt number 33673	135.00
Balance due	0

PAID
AUG 22 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Foot of 7/22 Burial [illegible]

Oked [illegible]

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

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

Signature of recorded holder of deed

X Mohammad Zaid Alghalib
Signature

Address

State Zip Code

Telephone 484-4460 - father

Invoice #

Acct. #

Work Order # E 6112

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6112

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Zeyad Mohammed Alghalith	M	8-18-86	8-19-86

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mohammed Z. Alghalith 13470 Appalachian Way San Diego CA 92129

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mohammed Zaid Alghalith	

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

- ☑ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope, 3751 Market st. CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Mohammed Zaid Alghalith DATE SIGNED 8-21-86
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID DATE PERMIT ISSUED AUG 21 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/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

Children's Hospital and Health Center
8001 Frost Street • San Diego, CA 92123

Authority for Release of Remains

E6112

I hereby authorize Children's Hospital and Health Center to release the remains

of: BABY BOY ALGHALIB

to: MOUNT HOPE CEMETERY

Date: 8-20-86

Responsible Person: X Mohammed Zaid Alghalib

Relationship: X Father

Witness: X Rita M Flores Salinas RN

MORTICIAN'S RECEIPT

Received from Children's Hospital and Health Center the remains

of: BABY BOY ALGHALIB

Date: 8-22-86

Mortician: Mohammed Zaid Alghalib

Person Releasing Remains: Nancy Messina

Special (6/84)

WHITE COPY—MEDICAL RECORDS
YELLOW COPY—MORTICIAN
PINK COPY—SECURITY

E6112

OFFICIAL RECEIPT

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

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

№ 33673

001899 Date: 8/22/86 19

From: Mohammed Z Alghalib Address: 13470 Appalachian Ly - SD 92129

One Hundred Thirty Five & no/100 Dollars ($ 135.00)

In full Payment of interment fee not for land -

Baby Alghalib Born 8/18/86 -

Lot Museum Section Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6112

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

3268

AC-212 (Rev. 2-86)

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

CITY AUDITOR

1986 AUG 27 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 77184	
	100 77184	
Openings & Service Charges	100 77181	100 00
Containers	100 77182	
Recording fees or misc. service fees	100 77183	35 00
Sales Tax	60101 9020	
TOTAL PAID	$	135 00

E 6113

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-25-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin Charles Miller

in a TS Vault (Vault/Liner) Funeral, date, time Thurs. 8/28 10:00

Church, Chapel, Graveside ; Cypress Mortuary.

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

Lot ____ Grave 23 Row J Section MAS Division/~~Block~~ J

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 33681	710.50
Balance due	-0-

PAID
AUG 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mike C
Cypress View

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

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

Signature of recorded holder of deed

Minnie Miller
Signature
1500 Breakers Way
Address
Parks Nev. 89431
City Zip Code
702-358-1227
Telephone

Work Order # E 6113

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

Gerald Aust. Minister

SHIPPED IN FOR INTERMENT

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6113

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Martin Charles Miller	Male	9-14-1887	8-23-86

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Winnemucca	Nevada	Mernie Miller -daughter 1500 Breaker Way Sparks, NV 89431

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave San Diego, Ca	670

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED AUG 28 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 28 1986 (ENTER DATE)	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 COUNTY OF DEATH N?/AA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 6113

OFFICIAL RECEIPT

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

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

№ 33681

Date: 08-28, 1986

From: Marnie E Miller Address: 1500 Brooker Way Lakes No 89431

Seven hundred ten and 50/100 Dollars ($ 710.50)

In full Payment of Martin Charles Miller Service

Lot 8 Grave 23 Row J Section MAS Division ~~Block~~ J

Invoice No.

Acct. No.

W.O. E-6113

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
SEP 03 1986
1986

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	60101 9020	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 8-85)

E 6114

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/25/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Chavez Sanchez

in a Vault/Liner Bell Series Funeral; date, time ____

Church, Chapel, Graveside ____ : Lewis Ob Rom. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 + Korea - army.

Lot 2915 Grave — Row — Section — Division/Block 10

Grave space & Care Fund a single gr + Care	595.00
Additional spaces and care fund NONE	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales Taxes	6.00
Total Due	1201.00
Paid receipt number 33676	1201.00
Balance due	0

Trust Fund Pre-need

PAID
AUG 25
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

Signature Leonard C Sanchez

Address 1921-L-St

State San Diego Ca Zip Code 92102

Telephone 232-1272

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6114

Acct. # ____

PY-593 (REV. 8-85)

#11297

OFFICIAL RECEIPT

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

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

№ 33676

Date: 8/25/86, 19

From: Leonard C Saucedo Address: 1921-L-SD 92102

One Thousand two hundred and One and no/100 Dollars ($ 1201.00)

In Full-Trust Payment of Interment single space & Trusted fees for Opening & Closing - Liner & Recording fee & tax deposited

Lot 2915 Grave — Row — Section — Division Block —

Invoice No.

Acct. No.

W.O. E-6114

Unpaid Balance after this Payment 0

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

AC-212 (Rev. 8-85) #331

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

CITY AUDITOR
1986
AUG 27 1986

ISSUED BY Georgen Stetter

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Trusted Sales Tax	60101 9020	606	00
TOTAL PAID	$	1201	00

E6115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/25/86

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

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 10:30 8/27

Church, Chapel, Graveside Graveside ; Featherwyll Mortuary.

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

Lot 145 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	Single grave & Care	595.00
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	Bell Liner	100.00
Handling Fees		145.00
Flower vases - Marker setting fee	VA Marker	130.00
Recording and filing fee		35.00
Sales taxes		6.00
Total Due	1331	$1281.00
Paid receipt number		30.00
Balance due		1261.00

30 day note

Gwl overdue Liner

S/B $1361

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

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

Signature of recorded holder of deed

Signature: [signature]

Address: 4181 Olympic St

State: San Diego - 92115 Zip Code

Telephone: 287-6233

Invoiced $1361.00 paid in full

Work Order # E 6115

Invoice # 046636

Acct. # 018590

PY-593 (REV. 8-86)

PERMIT FOR [redacted]OSITION OF [redacted]AN REMAINS

E6115

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICHARD BLUE	Male	Mar. 23, 1934	August 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Margaret R. Blue, wife 4181 Olympic St. San Diego, Ca. 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

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

350# 30" Casket - (2x)

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, Ca.	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: AUG 26 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Harold L. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/27 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ [signature]	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.

E6115

SAN DIEGO
CITY TREAS.

SEP 19'86

PAID

5327	09/19/86		1361.00	INVS
09/19/86	5327	1	1361.00-	CH
09/19/86	5327	1	.00	BA

E 6115

OFFICIAL RECEIPT

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

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

No 33752.

Date: 09-18, 19 86

From: B.K. Blue Address: 4101 Olympic St. S.D. Ca 92105

Thirteen hundred sixty one and no/100 Dollars ($ 1361.00)

In full Payment of Richard Blue Services

Lot 145 Grave 2 Row Section 2 Division Block 12

Invoice No. 046636

Acct. No. 018590

W.O. E 6115

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☒

Ck ☒ Cash ☐

AC-212 (Rev. 8-86)

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

SAN DIEGO CITY TREAS. SEP 19'86 PAID

Paid

ISSUED BY D. [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77183	
Recording fees or misc. service fees	100 77185	
Sales Tax	80101 8020	
TOTAL PAID	$	1361 00

E 6115

046636 09/08/86 018590	B.R. BLUE			09/19/86 CK	0021881	1,361.00	1,361.00	0.
	100	072	77181	000072		320.00		PAID IN FULL
E-6115	100	072	77182	000072		130.00		
	100	072	77183	000072		310.00		
	100	072	77184	000072		476.00		
	60101		9020			6.00		
	67007		77184			119.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,880.20

E6116

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-25-86

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 8/29 2:00

Church, Chapel, Graveside Chapel + Gs. ; Anderson-R Mortuary.

All Funeral cars must 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 35 Grave 9 Row — Section 17 Division/~~Block~~ 7

Grave space & Care Fund	495.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing SEP 3 1986	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 33686	1001.00
Balance due	100.00

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

Check from Rayford

-33692- 100.00

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

Helen M Tevis
Signature

2404 W Ingersoll St
Address

California 92111
State Zip Code

279-5993
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6116

Acct. # _____

PY-503 (REV. 9-85)

Helen Tedis
2404 W. Ingersoll
SD 92111
279-5993

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6116

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MATTIE JOHNSON	Female	Dec. 7, 1909	FOUND Aug. 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Bessie Grimes - Daughter 604 O'Meara Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd.; Ca. San Diego, California	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: AUG 27 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/29/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Dept. of Health Services 1700 Pacific Highway San Diego, California 92101		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 6116

OFFICIAL RECEIPT

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

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

No 33686 4PM

Date: 8/29/86 19

From: Anderson Ragsdale Address: 5050 Federal Blvd. SD 92102

One Thousand One and no/100 Dollars ($ 1001.00)

In Part Payment of Interment fees on Mattie Johnson dec—
(Bal of $100 due to telephone error between offices.)

Lot 35 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E 6116

Unpaid Balance after this Payment 100.00

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

002219

CITY AUDITOR 1986

SEP 05 1986

ISSUED BY

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Receiving fees or misc. service fees	100 77183	80	00
Sales Tax	90101 9020	6	00
TOTAL PAID	$	1001	00

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

AC-212 (Rev. 8-85) 6744

OFFICIAL RECEIPT

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

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

No. 33692

Date: 9/3/86, 19

From: Mrs. Helen L. Teves Address: SD

One Hundred Dollars ($ 100.00)

In full Payment of Interment Fee final 100.00

Mattie Johnson

Lot 35 Grave 9 Row Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6116

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☒

AC-212 (Rev. 8-85)

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

CITY AUDITOR

SEP 05 1986 1986

ISSUED BY Leozen Stott

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77194		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	100	00
Sales Tax	90101 9020		
TOTAL PAID		100	00

E6117

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot
Sale for

Date 08-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys L Jackson

in a _____ Funeral, date/time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 83 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33748 V	42.00
Balance due	453.00

9-17-86

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

Leon V. Jackson
Signature

Address

State Zip Code

Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 6117

Acct. # _____

PY-883 (REV. 8-86)

1-1-87	34056 ✓	453.00
		63.00
		390.00
4-26-87	34489 ✓	63.00
		327.00
6-23-87	34733	21.00
		306.00

NAME Jackson, Galdys L. E6117 ACCT. NO. E-6117

ADDRESS 4848 Logan Avenue #101, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
A 11	86	Lot 83, Gr 8, Sec 2, Div 12	495 00		189 00	306 00
3-4	88	Receipt # 35806			150 00	156 00

AIGNER FORM NO. 25-204 Jackson, Gladys L. 83 - 8 - 2 - 12 PRINTED IN USA

OFFICIAL RECEIPT

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

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

№ 35806

Date: 3-11, 1988

From: Leon Jackson Address: 4848 Logan Ave, SD

One Hundred Fifty Dollars ($ 150.00)

In _____ Payment of Pre-need lot sale

Lot 83 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6117

BALANCE DUE 156.00

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

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

CITY AUDITOR

MAR 08 1988

ISSUED BY Sandra Wach

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 E6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 21.00

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

Cash $ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34733

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

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

Date: 6-23, 1987

From: Gladys Jackson Address: 4848 Logan Ave #101 S.D.

Twenty-one Dollars ($ 21—)

In Payment of Canyon #9 Credit Lot

Lot 83 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6117

BALANCE DUE

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 11-88)

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

ISSUED BY Lady

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	21—
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	63033 8022	
Sales Tax	60101 76360	
TOTAL PAID	$	21—

Send or bring one coupon with each remittance **COUPON** 7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 E6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. 10th ▶ $ 21.00

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

$ _____

Amount Received $ 21.00

NAME Leon V. Jackson

ADDRESS 4848 Logan Ave

CITY S.D STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 = E 6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 0th ▶ $ 21.00

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

$ _____

Amount Received $ 21.00

NAME Leon V Jackson

ADDRESS 4848 Logan Ave

CITY S.D STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6117 ~~B-6117~~

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 21.00

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

$ _____

Amount Received $ 21.00

NAME Leon V Jackson

ADDRESS 4848 Logan Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34489

Date: Apr. 27, 1987

From: Leon V. Jackson Address: 4848 Logan Ave #101 S.D 92113

Sixty three Dollars and no/100 Dollars ($ 63.00)

In part Payment of Gladys L. Jackson

Lot 83 Grave 8 Row ____ Section 2 Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E 6117

BALANCE DUE 327.00

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

AC-212 (Rev. 11-86)

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

ISSUED BY Dave Lowrey

CREDIT	97007		
20% Sales Care	100 77184		
80% Sales of Lots	100 77184	63	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	93033 8022		
Sales Tax	90101 76390		
TOTAL PAID	$	63	00

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 E6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 21.00

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

$ _____

Amount Received $ 21.00

NAME Leon V Jackson

ADDRESS 4848 Logan Ave

CITY San Diego STATE Ca. ZIP 92115

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 E6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. th ▶ $ 21.00

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

$ _____

Amount Received $ 21.00

NAME Leon V Jackson

ADDRESS 4848 Logan Ave

CITY SD 92113 STATE Ca ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 21.00

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

$ _____

Amount Reserved $ 21.00

NAME Leon V Jackson

ADDRESS 4848 Logan Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34056

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

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

Date: Jan 1, 1987

From: Leon Jackson Address: 4848 Logan Ave #101 SD 92113

Sixty three dollars and 00/100 Dollars ($ 63.00)

In part Payment of Credit Sale E 6117

coupons 3, 4, and 5

Lot 83 Grave 8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E6117

BALANCE DUE $390.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒
Check 42.00
Cash 21.00

AC-212 (Rev. 1-86)

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

JAN 08 1987

ISSUED BY Dave Lowney

CREDIT	67007		
20% Sales Care	77154		
50% Sales of Lots	100 77154	63	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	60033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	63	00

M.O. No 15819 9986
from North Island Fed. Cv. U.

OFFICIAL RECEIPT

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

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

№ 36774

Date: 10-5, 1988

From: Leon Jackson Address: 4848 Logan Ave #101, SD

one hundred fifty-six Dollars ($ 156.00)

In _____ Payment of final payment of [illegible] lot for Gladys Jackson

Lot 63 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6117

BALANCE DUE 0

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

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra L. Ward

CREDIT 20% Sales Care	67007 77184	99	00
50% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	156	00 ✓

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** 2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-611[redacted] E 6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME Leon Jackson

ADDRESS 4848 Logan #101

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6117 E6117

Leon V. Jackson for
Gladys L. Jackson
4848 Logan Ave #101
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME Leon Jackson

ADDRESS 4848 Logan #101

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33748

Date: 09-17, 1986

From: Leon Jackson Address: 4848 Logan Ave. SD Ca 92113

Forty two and no/100 Dollars ($ 42.00)

In part Payment of: Preneed lot

Lot 83 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6117

Unpaid Balance after this Payment $453.00

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

CITY AUDITOR
SEP 22 1986

NON-SALE FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

002781

Paid

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 6020	
TOTAL PAID	$	42.00

AC-212 (Rev. 8-85)

E6118

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alyssa Fry in a Bell liner (Vault/Liner) Funeral, date, time Sat. 8/30 10:00 Church, Chapel, Graveside : Carroll's Mortuary.

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

Lot 1587 Grave ____ Row ____ Section 2 Division/Block 8

Grave space & Care Fund	B-559	Preneed
Additional spaces and care fund	Saturday O.T.	380 00
Opening/Closing & Setup		320 00
Burial Container		100 00
Handling Fees		145 00
Flower vases - Marker setting fee		
Recording and filing fee		35 00
Sales taxes		6 00
	Total Due	986 00
Paid receipt number	33683	986 00
	Balance due	-0-

PAID
AUG 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

8-28-86

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

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

Frederick S. Fry
Signature of recorded holder of deed

Frederick S. Fry
Signature
2166 N. Ventura Rd
Address
Oxnard CA 93030
State Zip Code
(805) 982-5701
Telephone

Invoice # ____

Work Order # E 6118

Acct. # ____

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6118

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dessie Marguerite Fry	Female	Sept. 4, 1905	Aug. 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Frederick Fry - Son 2166 N. Ventura Road Oxnard, CA 93030

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Carroll's Mortuary 884 So. Mollison Ave. El Cajon, CA	F-1315

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: AUG 29 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/30/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Grover Stelter	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

E6118

OFFICIAL RECEIPT

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

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

№ 33683

Date: 08-28, 1986

From: Dorothy J. Fry Address: 2166 N. Ventura Rd Oxnard Ca 93030

Nine hundred eighty six and no/100 - Dollars ($ 986.00)

In full Payment of Dessie Fry Service

Lot 1387 Grave _____ Row _____ Section 3 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E6118

Unpaid Balance after this Payment 0

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

AC-212 (Rev. 8-86)

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

CITY AUDITOR 1986
SEP 03 1986

ISSUED BY B. Sang

CREDIT 20% Sales Care	67007 77184		
50% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	560	00
Sales Tax	60101 8030	6	00
TOTAL PAID	$	986	00

E6119

3 MD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28-86

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

in a _____ Funeral, date, time Fri 8/29 2:00

Church, Chapel, Graveside (Vault/Liner) _____ : Mayer's Mortuary.

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

Lot 3251 Grave ~~3257~~ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100 00
Additional spaces and care fund	
Opening/Closing & Setup	100 00
Burial Container	
Handling fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	200 00
Paid receipt number 33685	200 00
Balance due	0

PAID
AUG 29 '86
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

2-0

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

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

_____
Signature of recorded holder of deed

Nancy S Bacer
Signature
2378 "C" St Apt D
Address
San Diego CA 92102
State Zip Code
239-3328
Telephone

Invoice # _____

Work Order # E 6119

Acct. # _____

PY-583 (REV. 9-85)

Nancy Gager
— Mother —

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6119

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Stephanie Teresa Canales	Female	July 1,1986	Aug.27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Francisco Canales - Father 3373 C Street San Diego, CA. 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Av. San Diego, CA.	1424

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: AUG 28 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/29/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stelter	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.

E6119

OFFICIAL RECEIPT

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

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

№ 33685

Date: 8-28-86, 19

From: Nancy Gager Address: 3 373 "C" St Ut D-S.D. 92102

Two Hundred and no 100 Dollars ($ 200.00)

In full Payment of Interment fees for Stephanie Canales

Lot 3251 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-6119

Unpaid Balance after this Payment —0—

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

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

CITY AUDITOR 032219

SEP 05 1986 1986

ISSUED BY [signature]

CREDIT 20% Sales Cars	67007 77184	20 00
80% Sales of Lots	100 77184	80 00
Openings & Service Charges	100 77181	100 00
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 8030	
TOTAL PAID	$	200 00

AC-212 (Rev. 8-85)

E 6120

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/28/86

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

in a ——— Vault/Liner Funeral, date, time ———

Church, Chapel, Graveside ——— ; Rodgers Mortuary.

All Funeral cars must 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 58 Grave 1 Row — Section 5N Division/Block 2

Grave space & Care Fund	595.00
Additional spaces and care fund	none
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	—
Sales tax	—
Total Due	595.00
Paid receipt number 33684	595.00
Balance due	-0-

PAID
AUG 28
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

no deposit on services

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

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

Signature of recorded holder of deed

X Nicolas Protasowicki
Signature
3911 Park Blvd #313
Address
San Diego Ca 92103
State Zip Code

Telephone

Invoice # ———

Work Order # E 6120

Acct. # ———

PY-593 (REV. 8-86)

#11302

E 6121

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/29/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter Paul Benewich (BENEWICZ)

in a Liner Vault/Liner Funeral, date, time Fri-29-1 P.M

Church, Chapel, Graveside Mackey Mitchell Mortuary.

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

Lot 20 Grave 2 ~~Row~~ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 33699	856.00
Balance due	-0-

PAID
SEP 4 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Due 9/2/86
F.D. 9-4-86

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.

Via Phone - OK Gm

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6121

Acct. # _____

PY-503 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6121

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PETER PAUL BENEWICZ	MALE	JUL 30, 1910	FOUND AUG 28, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	SELF PRE-NEED RECORDS @ MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: AUG 29 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8/29 (ENTER DATE) 20-2-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
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.

E6121

OFFICIAL RECEIPT

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

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

№ 33699

Date: 09-04, 1986

From Merkle Mitchell Address: 3655 Fifth Ave SDCA 92103

Eight Hundred fifty six and no/100 Dollars ($ 856.00)

In Full Payment of Peter Paul Benevides

Lot 20 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6121

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

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

CITY AUDITOR

SEP 05 1986 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 8-88)

E6121

OFFICIAL RECEIPT

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

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

№ 33898

Date: 11-7, 1986

From: Merkley Mitchell Address: 3655-5th St. Ca 92103

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

In full Payment of Marker installation for Peter Paul Benowicz

Lot 20 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6121

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
NOV 13 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	125.00
Sales Tax	60101 9020	
TOTAL PAID	$	125.00

AC-212 (Rev. 8-85)

E6121

OFFICIAL RECEIPT

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

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

№ 33684

Date: 8/28/86 19

From: Nicholas Protasowicki Address: 3911 Park Blvd #313 SD 92103

Five Hundred Ninety five & no/100 Dollars ($ 595.00)

In full Payment of Grave Space for himself - Pre-need -

Lot 58 Grave -1- Row — Section 5N Division ~~Block~~ 2

Invoice No. —

Acct. No. —

W.O. E6121

Unpaid Balance after this Payment —0—

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

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

CITY AUDITOR 002219
SEP 05 1986
1986

ISSUED BY Gloyen Stetter

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181	—	
Burial Containers	100 77182	—	
Recording fees or misc. service fees	100 77183	—	
Sales Tax	60101 8020	—	
TOTAL PAID	$	595	00

AC-212 (Rev. 8-85)

E 6122

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/29/86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Antonio Giles

in a TS Vault (Vault/Liner) Funeral, date, time Fri 11 Am 9/5/86

Church, Chapel, Graveside Church #5. ; Rosedale Mortuary.

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

✓ Lot 96 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees 170	190.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 33691	960.50
Balance due	-0-

PAID
SEP 2 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Signature Kay F. Giles

Address 8964 Hillery Dr.

State San Diego Ca. Zip Code 92126

Telephone 695-3127

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6122

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6122

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Antonio Curtis Giles	Male	April 7, 1962	Aug. 29, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Kay F. Giles - Mother 8964 Hillery Drive San Diego, CA 92126

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1389

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: SEP 3 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1986 (ENTER DATE)	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 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.

E6122

OFFICIAL RECEIPT

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

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

No. 33691

Date: 9/2/86, 19

From: Kay F. Giles

Address: 8964 Hilbay Dr. 92126

Nine Hundred Sixty & 50/100 Dollars ($ 960.50)

In full Payment of Interment of Antonia Giles - Dec.

Lot 96 Grave 4 Row — Section 2 Division II

Invoice No. —

Acct. No. —

W.O. E6122

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-85) 213

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

CITY AUDITOR

SEP 05 1986

ISSUED BY

CREDIT 20% Sales Care	67007 77194	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77193	185	00
Recording fees or misc. service fees	100 77163	205	00
Sales Tax	60101 9020	10	50
TOTAL PAID		960	50

E 6123

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

OK - Wally

Date Sept 2, 1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nieves Aleman 9/3

in a Bell Liner (Vault/Liner) Funeral, date, time Wed - 10:30 Am

Church, Chapel, Graveside Mass + Ds ; Featherhill Mortuary.

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

✓ Lot 1521 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	595 00
Additional spaces and care fund Res. 1520 for 30 days	—
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales tax	6 00
Total Due	1201 00
Paid receipt number 33687 -	1201 00
Balance due	-0-

PAID
SEP 2 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

____
Signature of recorded holder of deed

x Samuel Aleman
Signature
x 2224 Conifer Ave
Address
x S. Diego CA 92154
State Zip Code
x 575-6707
Telephone

Work Order # E 6123

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6123

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIA NIEVES ALEMAN	FEMALE	Aug. 5, 1937	Aug. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Samuel Aleman, husband 2224 Conifer Ave. San Diego, Ca. 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 3 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Arnold E. Rowe, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/3/86 (ENTER DATE) T521-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Leoyen Stotts	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.

E6123

OFFICIAL RECEIPT

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

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

№ 33687

Date: 9-2-, 1986

From: Samuel Aleman Address: 2224 Conifer St. SD 92154

Twelve Hundred One and no/100 Dollars ($1201.00)

In full Payment of Interment of Niever Aleman - due

2 chs. 1418 & 1293

Lot 1521 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6123

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck (2) ☒ Cash ☐

1418-600

1293-601

AC-212 (Rev. 8-85)

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

CITY AUDITOR 002249

SEP 05 1986 9986

ISSUED BY George Stark

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 8020	6	00
TOTAL PAID		$ 1201	00

E6124

Trust Deposit

MT. HOPE CEMETERY

INTERMENT ORDER

Pre need

City of San Diego

TRUST

Date 9-2-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia G. Banda

in a Double Crypt (Vault/Liner) Funeral, date, time Open

Church, Chapel, Graveside _____ ; Pre need Mortuary.

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

Lot 31 Grave 2 Row _____ Section 17 Division/Block 7

	Husband	Virginia
Grave space & Care Fund		P.N.
Additional spaces and care fund		
Opening/Closing & Setup	320.00	320.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee	Tax	19.80
Recording and filing fee	35.00	35.00
	355.00	1024.80
Sales taxes		355.00
Total Due		1379.80
Paid receipt number	33688	25.00
Balance due		1354.80 (over)

Trust

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

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

_____
Signature of recorded holder of deed

Virginia G. Banda
Signature

9585 Alto Dr.
Address

La Mesa Ca 92041
State Zip Code

619-464-2656
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6124

PY-593 (REV. 8-85)

9-12-01
owes 907.80
for trust
1st & 2nd
Burial

9-7-86	33744 ✓	1354.80
		25 00
		1329.80
10-22-86	33858 ✓	25-00
		1304.80
11-13-86	33919 ✓	25 00
		1279.80
12-4-86	33977 ✓	25.00

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.

	Bal	$1254.80
01-29-87	34146 ✓	50 00
		1204.80
04-08-87	34407 ✓	25 00
		$1179 80
05-12-87	34565 ✓	25-00
		$1154 80
08-05-87	34896	50 00
		1104 80
11-10-87	35266	50 00
		1054 80
12-14-87	35428	25 00
		1029.80

MEMO

E6124

☒ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: Kay - TC
Att. Rec.

DATE: 03-10-87

SUBJECT: Receipts
Mt. Hope Cem.

FOLD

MESSAGE

The following receipts for Mt Hope Cemetery have not been returned to Mt Hope:

09-02-86 - #33744 X
09-15-86 - #33739 X
01-15-87 - #34105 X
01-16-87 - #34109 X

} these are just some of many missing

SIGNED Barbara Mt #72

REPLY

X Logged in 9/8/86 - returned.

X Logged in 1/20/87 - returned

SIGNED [signature]

DATE 3/12/87

FOLD

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

E6124

Pre need Trust

Monday 9/1/86

For 2 In one Double
25.00 down + 25.00
or more per mo -
Suggest Send Payment
Book for 25 on 10th
showing on Page 24
additional Balance sill
to be Paid -

[illegible]

E6124

9-7-86	33744 ✓	1354.80 25 00
10-22-86	33858 X	1329.80 25-00
11-13-86	33919 X	1304.80 25 00
12-4-86	33977 X	1279.80 25.00

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 cover form.

	Bal	$1254.80
01-29-87	34146 X	50 00
		1204.80
04-08-87	34407 X	25 00
		$1179 80
05-12-87	34565 X	25 - 00
		$ 1154 80
08-05-87	34896 X	50 00
11-10-87	35266 X	1104 80
12-14-87	35428 X	50 00
		1054 80
		25 00
		1029 .80

E6124

Trust Deposit

MT. HOPE CEMETERY

INTERMENT ORDER

Pre need

City of San Diego

TRUST

Date 9-2-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia G. Banda

in a Double Crypt (Vault/Liner) Funeral, date, time Open

Church, Chapel, Graveside _____ ; Pre need Mortuary.

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

Lot 31 Grave 2 Row _____ Section 17 Division/Block 7

	Husband	Virginia
Grave space & Care Fund		P.N.
Additional spaces and care fund		
Opening/Closing & Setup	320.00	320.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee	Tax	79.80
Recording and filing fee	35.00	35.00
Sales taxes	355.00	1024.80
		355.00
Total Due		1379.80
Paid receipt number	33688	25.00
Balance due		1354.80 (over)

Trust

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

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

_____
Signature of recorded holder of deed

Virginia G. Banda
Signature

9585 Alto Dr.
Address

La Mesa Ca 92041
State Zip Code

619-464-2650
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6124

PY-593 (REV. 8-85)

1379.81
25.--
25.--
25.--
25.--
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50.--
25.--
25.--
50.--
50.--
013
304.81

E6124

OFFICIAL RECEIPT

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

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

№ 33688

Date: Sept 2 86

From: Virginia G. Banda Address: 9585 Alto Dr. La Mesa 92041

Twenty five — Dollars ($ 25.00)

In Deposit Payment of Trust fund for Double Crypt - and Interment fees for Virginia & Hilario Banda —

Lot 31 Grave 2 ~~Bay~~ Section 17 Division ~~Block~~ 7

Invoice No. —

Acct. No. —

W.O. E-6124

Unpaid Balance after this Payment 1354.80

Trust

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☒ 399 Cash ☐

AC-212 (Rev. 8-85)

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

CITY AUDITOR

SEP 05 1986 1986

ISSUED BY Georgia Stahl

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	~~[illegible]~~	25.00
TOTAL PAID		25.00

63033-9022

E 6124

OFFICIAL RECEIPT

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

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

№ 33744

Date: 09-15, 19 [illegible]

From: Virginia S. Banda Address: 9585 [illegible] Ave. [illegible] 92041

Twenty five and no/100 Dollars ($ 25.00)

In Art Payment of Prenced Trust

Lot 21 Grave 2 Row Section 17 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6124

Unpaid Balance after this Payment

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

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

Paid

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	25	00

AC-212 (Rev. 8-88)

63033-9022

E 6124

OFFICIAL RECEIPT

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

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

№ 33858

Date: 10-22, 1986

From: Virginia G Banta Address: 9585 Alto Dr La Mesa 92041

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed trust account

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6124

Unpaid Balance after this Payment $1364.80

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

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

CITY AUDITOR
OCT 24 1986

ISSUED BY B. Dang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 6020		
TOTAL PAID	63033-9022	$ 25	00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

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

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

№ 33919
E6124

Date: 11-13, 1986

From: Virginia G. Banda Address: 9585 Alto Dr La Mesa 92041

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed trust deposit

Lot 31 Grave 2 Row Section 17 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6124

BALANCE DUE $1279.86

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

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

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

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

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

No 33977
G6124

Date: 12-4, 19 86

From: Virginia Landa Address: 9585 Alto Dr. La Mesa Ca 92041

Twenty five and no/100 Dollars ($ 25.00)

In Payment of Preneed Trust

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6124

BALANCE DUE $1254.00

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

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77151		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax	60101 73990		
TOTAL PAID	$	25	00

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

ISSUED BY D. Tang

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

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

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

No 34146
E6124

Date: 01-29, 19 17

From: Virginia Banda Address: 9585 Alto dr. Lamesa, Ca 91941

Fifty and no/100 Dollars ($ 50.00)

In full Payment of Prenced trust

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6124

BALANCE DUE ~~$250.00~~ $200.00

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

AC-212 (Rev. 11-86)

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

ISSUED BY B. Tang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	90101 78590		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

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

Nº 34407
E6124

Date: 04-08 19 87

From: Virginia D Banda Address: 9585 Alto Dr. La Mesa Ca 92041

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

In Part Payment of Interest Trust Deposit

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6124

BALANCE DUE $1179.00

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

AC-212 (Rev. 11-86)

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

ISSUED BY B. Tang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	63033 9022	25	00
Sales Tax	80101 76380		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

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

No 34565
E 6124

Date: 05-12 19 87

From: Virginia L. Banda Address: 9515 Alta Dr. La Mesa, Ca 92041

Twenty five and no/100 Dollars ($ 25.00)

In Full Payment of Interest Trust Deposit

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E 6124

BALANCE DUE ~~$ 115.00~~

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

AC-212 (Rev. 11-86)

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

ISSUED BY Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63030 8022	25	00
Sales Tax	60101 76390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

Nº 34896

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

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

Date: 8-5- , 1987

From: VIRGINIA G. BANDA Address: 9585 ALTO DR. LA MESA, CA 92041

FIFTY DOLLARS AND NO/100 Dollars ($ 50.00)

In part Payment of Pre-need Trust Deposit

Lot 31 Grave 2 Row Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E6124

BALANCE DUE 1104.80

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

	CREDIT		
20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	50	00
Sales Tax	90101 78990		
TOTAL PAID	$	50	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
dated 8-4-87 1282
dated 7-6-87 708

AC-212 (Rev. 11-86)

ISSUED BY W. J. Teague

OFFICIAL RECEIPT

№ 35266

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

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

Date: 11-10, 1987

From: VIRGINIA G. BANDA Address: 9585 ALTO DR. LA MESA, CA. 92041

Fifty Dollars Dollars ($ 50.00)

In part Payment of Trust

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6124

BALANCE DUE 954.80

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑ 1261

AD-212 (Rev. 11-86)

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

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	93033 9022	50	00
Sales Tax	60101 76360		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

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

No. 35428

Date: 12-14 1937

From: Virginia G Landa Address: 9585 Alto Dr. La Mesa Ca 92041

Twenty-five Dollars & 00/100 Dollars ($ 25.00)

In part Payment of Renewed Trust

Lot 31 Grave 2 Row — Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6124

BALANCE DUE 929.80

Pre-Need Lot ☐ At-Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

377

AC-212 (Rev. 10-57)

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

ISSUED BY Lora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	25 00
Sales Tax	60101 78380	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

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

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

No 35499

Date: 1-7 , 19 88

From: Virginia Banda Address: 9585 Alto Dr, La Mesa

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of Succeed Trust

Lot 31 Grave 2 Row Section 17 Division 7 Block

Invoice No

Acct. No

W.O. E-6124

BALANCE DUE 1004.80

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

CITY AUDITOR

JAN 11 1988

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	82032 9022	25	00
Sales Tax	60101 76300		
TOTAL PAID	$	25	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 477

ISSUED BY

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35826

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

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

Date: 3-8, 19 88

From: Virginia Landa Address: 9585 Alto Dr, La Mesa

fifty dollars Dollars ($ 50.00)

In Payment of Preneed Trust

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6124

BALANCE DUE 954.80

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

732

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Landa Paid

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

No 36764

Date: 10-5, 19 88

From: Virginia Garda Address: 9585 Alt Dr. La Mesa, Ca

Fifty dollars ng/100 Dollars ($ 50.00)

In Payment of Perpetual Trust

Lot 31 Grave 2 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6124

BALANCE DUE 904.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1402

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

E 6125

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/2/86

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 9/5 - 12:00

Church, Chapel, Graveside Chapel + G.S. ; Rapsdale Mortuary.

All Funeral cars must 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 128 Grave 7 Row — Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	220.00
Burial Container Concrete Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 33734	856.00
Balance due	-0-

RECEIVED
SEP 12 1986
MT. HOPE CEMETERY
Paid

Check to Rapsdale 9-12-86

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

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

_____
Signature of recorded holder of deed

Signature Hugh L. Baker
Address 2558 47 St, apt 201
State S.D. Zip Code 92113
Telephone 263-4323

Invoice # _____

Work Order # E 6125

Acct. # _____

PY-693 (REV. 5-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6125

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sherman Baker	Male	Oct. 15, 1947	Aug. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Hugh Lewis Baker - Father 1251 S. 47th Street, Apt. 201 San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street; San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: SEP 3 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1986 (ENTER DATE)	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 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 6125

OFFICIAL RECEIPT

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

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

№ 33734

Date: 09-12, 1986

From: Anderson-Ragsdale Address: 7050 Federal Blvd. [illegible]

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In Full Payment of Sherman Baker Serv.

Lot 126 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6125

Unpaid Balance after this Payment 0

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

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

Paid

ISSUED BY E. Tang

CREDIT 20% Sales Care	67007 77194	50	00
80% Sales of Lots	100 77194	200	00
Openings & Service Charges	100 77191	320	00
Burial Containers	100 77192	100	00
Recording fees or misc. service fees	100 77193	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 8-85)

E 6126

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/2/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis T. Geyer

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 9/5 - 2:30 P

Church, Chapel, Graveside Graveside Berg-Robert Mortuary.

All Funeral cars must 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 55 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre Paid - P-4572
Additional spaces and care fund	Sp 2 -
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.50
Sales taxes	10.50
Total Due	710.50
Paid receipt number 33709	710.50
Balance due	-0-

PAID
SEP 5 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-5-86

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

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

_____
Signature of recorded holder of deed

Signature: William R Geyer

Address: 7425 2nd # 323

State: CHULA VISTA CAL Zip Code: 92011

Telephone: 661

Invoice # _____

Work Order # E 6126

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6124

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lois Therese Guyer	Female	Dec.12,1906	Sept.2,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Cdr. Wm.R. Guyer,Ret. 1425 Second Avenue,Sp.323 Chula Vista, California 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery,3751 Market Street, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: SEP 04 1986 ▶	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1986 (ENTER DATE)	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 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 6126

OFFICIAL RECEIPT

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

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

№ 33709

#323

Date: 09-05, 19 86

From: William R. Dwyer Address: 1465 2nd Ave. C.V. Ca. 92011

Seven hundred ten and 50/100 Dollars ($ 710.50)

In Full Payment of Dale T. Dwyer Services

Lot 55 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 6126

Unpaid Balance after this Payment -0-

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

AC-212 (Rev. 8-95)

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

CITY AUDITOR
SEP 10 1986

ISSUED BY B. Tang

CREDIT 30% Sales Care	87007 77184		
50% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	325	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	60101 9020	5	50
TOTAL PAID	$	710	50

E 6127

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/30/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby (3) Fahd K. Ahmad

in a none (Vault/Liner) Funeral, date, time 8/30/86 P.M.

Church, Chapel, Graveside _____; Greenwood Mortuary.

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

Lot A Grave 7 Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	100 00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	3 50
Sales taxes	
Total Due	135 00
Paid receipt number	
Balance due	

Receipt to family

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

Muslim Assn
Signature

Address

State Zip Code

Telephone

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

_____
Signature of recorded holder of deed

Invoice # 047035

Acct. # 015935

Work Order # E 6127

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6127

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Fahd K. Ahmad	Male	Sept. 2, 1985	Aug. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Khalil Ahmad-Father 4140-A Mt. Alifan Pl. San Diego, Ca. 92111

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort. I-805 & Imperial Ave., San Diego CA.	f-843

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA. 92113		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $6.00 / DATE PERMIT ISSUED: 8.30.86	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 30 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

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.

E6127

047035 09/17/86 015935 MUSLIM ORGANIZATION

E-6127

100	072	77181	000072	10/04/CK	107	135.00	135.00	0.00
100	072	77183	000072			100.00		
						35.00		

PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 555.00

E6.128

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Credit Date 9/3/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Mae Wingo

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

✓ Lot 4309 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 33695 ✓	25.00
Balance due	570.00

for burial

See E-7244

(over)

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

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

_____
Signature of recorded holder of deed

x Ralph E Wingo
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6128

Acct. # _____

PY-583 (REV. 8-85)

			570 00
11-13-86	33914 ✓	50 00	
			520 00
01-07-87	34071 ✓	50 00	
			470 00
03-02-87	34251 ✓	50 00	
			420 00
05-07-87	34553 ✓	50 00	
			370 00
07-07-89	34781	50 00	
			320 00

OFFICIAL RECEIPT

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

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

№ 33914
E6128

91001

Date: 11-13, 1986

From: Ralph E. Wingo Address: 549 W. Figueroa Dr. Altadena

Fifty and no/100 Dollars ($ 50.00)

In Gift Payment of Preneed lot -
Coupon 1 + 2

Lot 4309 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6128

BALANCE DUE $520.00

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

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

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E-6128

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME RALPH E. WINGO

ADDRESS 549 S. Figueroa Dr.

CITY Altadena STATE CA ZIP 91001

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E-6128

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above ▶ $ 25.00

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

$

Amount Received $

NAME Ralph E. Wingo

ADDRESS 549 W. Altadena Dr.

CITY Altadena STATE CA ZIP 91001

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34071

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

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

Date: 01-07 19 87

From: Ralph L. Wingo Address: 549 W. Figueroa Dr. Altadena ca. 91001

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Pruned lot

Lot 4309 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6128

BALANCE DUE $470.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 11-86)

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

JAN 08 1987

ISSUED BY Boang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-[redacted]

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E 60128

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$

$ 2500 Amount Received

NAME RALPH E. Wingo

ADDRESS 549 W. Figueroa Dr

CITY Arroyo STATE CA ZIP 91001

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E6128

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$

Amount Received $ 25.00

NAME RALPH E. WINGO

ADDRESS 549 W. FIGUEROA DR

CITY ALTADENA STATE CA ZIP 91001

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E 6128

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME RALPH E. WINGO

ADDRESS 549 W. FIGUEROA Dr

CITY ALTADENA STATE CA ZIP 9001

☐ check (✓) if this is new address



Send or bring one coupon with each remittance COUPON 5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128 E6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than 10 days after due date above ▶ $

Amount Received $

NAME RALPH G WINGE

ADDRESS 549 W FIGUEROA DR

CITY ALTADENA STATE CA ZIP 91001

☐ check (✓) if this is new address

E 6128

OFFICIAL RECEIPT № 34251

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

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

CO. 91001 Date: 03-03, 19 77

From: Ralph E. Wingo Address: 549 Figueroa, Dr. Altalena
Fifty and no 9100. Dollars ($ 50.00)

In Cash Payment of Preneed lot

Lot 4309 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6128

BALANCE DUE $420.00

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

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

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E6128

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Dáhne Davis
2617 High View
Altadena, CA 91001

E-6128

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

E6128

OFFICIAL RECEIPT

№ 34553

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

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

Ca. 91001

Date: 05-07, 19 87

From: Kalah L. Wingo Address: 549 W. Figueroa, Dr Altadena

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Spaced lot

Lot #309 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 6128

BALANCE DUE $370.00

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

AC-212 (Rev. 11-86)

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

ISSUED BY E. Garg

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	60033 6022		
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

E6128

OFFICIAL RECEIPT № 34781

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

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

Date: 7-7, 1987

From: Ralph Vengo Address: 549 N. Figueroa, Altadena CA

Fifty Dollars Dollars ($ 50.00)

In _____ Payment of Coupons 9 & 10 Credit Lot Sales

Lot 4309 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6128

BALANCE DUE 320.00

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

232

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 76360	
TOTAL PAID	$	50 —

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Diane Davis
2617 High View
Altadena, CA 91001

E6128

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 25.00

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

$

Amount Received $ 25.00

NAME Ralph E Wingo

ADDRESS 549 W. Figueroa Dr.

CITY Altadena STATE CA ZIP 91001

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6128

Ralph E. Wingo (Edna Mae)
c/o Dáne Davis
2617 High View
Altadena, CA 91001

E 6128

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than 10 days after due date above ▶ $

$

Amount Received $ 25.00

NAME Ralph E Wingo

ADDRESS 549 La Figuera Dr

CITY Altadena STATE CA ZIP 91001

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33695

Date: 9/3/86, 19

From: Ralph Wingo Address: 91001

Twenty five and 00/100 Dollars ($ 25.00)

In Port Payment of Pre need Credit Sale

Lot 4309 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E6128

Unpaid Balance after this Payment 570.00

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

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

CITY AUDITOR 1986
SEP 05 1986

ISSUED BY George Stitt

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25 00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 8020	
TOTAL PAID	$	25 00

AC-212 (Rev. 8-85)

E6129

Pre-need
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/4/86

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

in a ——— Vault/Liner Funeral, date, time ———

Church, Chapel, Graveside ——— ; ——— Mortuary.

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

✓ Lot 43 Grave 11 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	—
Sales taxes	~~250.00~~
Total Due	250.00
Paid receipt number 33703 ✓	20.00
Balance due	230.00

Purchase Cancelled 2/27/03

Down 20.00
mo. 10.00
9-4-86

(over)

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

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

Signature of recorded holder of deed

X Roosevelt Brice
Signature

X ~~BROOKHAVE CONT~~
Address

X ~~SAN DIEGO 92139~~
State Zip Code

X 2621667
Telephone

Invoice # ———

Acct. # ———

Work Order # E 6129

PY-593 (REV. 8-85)

Will Pick up
Coupon book
Sat —

72087 34834

~~$230 00~~
50 00
180 00

NAME BRICE, ROOSEVELT E6129 ACCT. NO. E-6129

ADDRESS 3103 39th Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Se[redacted]4	86	Lot 43, Grave 11, Section 2, Division 11	250 00		70 00	180 00
8-10	88	Receipt # 36542			50 00	130 00
11-15	89	Receipt 38574			50 00	80 00
		02-27-03 lot purchase cancelled monies absobed by City.				

AIGNER FORM NO. 25-204 BRICE, ROOSEVELT 43 - 11 - 2 - 11 PRINTED IN USA

E6129

OFFICIAL RECEIPT

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

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

№ 33703

Date: 09-04 19 86

From: Roosevelt Brice Address: 8273 Brookhaven Rd Ca 92139

Twenty and no/100 Dollars ($ 20.00)

In Part Payment of Credit for sales

Lot 43 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6129

Unpaid Balance after this Payment $230.00

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

002306

SEP 10 1986

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 6030		
TOTAL PAID	$	20	00

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

ISSUED BY B. Tang

AC-212 (Rev. 9-85)

E6129 No 34834

OFFICIAL RECEIPT

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

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

Date: 7-20 19 87

From: L. Price Address: 3103 39th Street, SD 92102

In Payment of Credit Lot Dollars ($ 50.00)

Lot 43 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6129

BALANCE DUE $180.00

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

CREDIT	67007		
20% Sales Cons	77184		
80% Sales of Lots	100 77184	50	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	93033 9022		
Sales Tax	90101 76360		
TOTAL PAID	$	50	—

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

ISSUED BY Linda Wood

AC-212 (Rev. 11-86)

E 6129 No 36542

OFFICIAL RECEIPT

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

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

Date: 8-10 , 19 88

From: Roosevelt Price Address: 3103 39th St, S.D. CA 92102

Fifty dollars and xx/100 Dollars ($ 50.00)

In part Payment of credit lot

Lot 43 Grave 11 Row Section 2 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E6129

BALANCE DUE 130.00

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 12 1988

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

E6129

OFFICIAL RECEIPT

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

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

No 38574

Date: 11-15, 1989

From: Roosevelt Grace Address: 3103 39th St, San Diego

Fifty Dollars 2/100 Dollars ($ 50.00)

In Payment of Credit Lot

Lot 43 Grave 11 Row Section 0 Division Block 11

Invoice No.

Acct. No.

W.O. E-6129

BALANCE DUE 90.00

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
NOV 20 1989

AC-212 (Rev. 10-87)

E6129

CITY OF SAN DIEGO

Mt. Hope Cemetery

E6129

Notice of Cancellation and Forfeiture

To Roosevelt Brice

Address 3103 39th St. S.D. CA 92102

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 43, Grave 11, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on September 4, 1986, by and between Mt. Hope Cemetery and Roosevelt Brice that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E6128

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

OFFICE OF
MT. HOPE
CEMETERY

return to sender

Roosevelt Brice
3103-39th St.
S.D., CA 92102

Not living here, at this address.

20 MAR 1995

ALWAYS USE ZIP

Printed on recycled paper

E 6130

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/4/86 —

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon Hunter-Morgan

in a Double Crypt (Vault/Lined) Funeral, date, time 10:Am 9/8/86 MON

Church, Chapel, Graveside Chapel & G.S. Mesbly Mitchell Mortuary.

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

Lot 1667 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Care fund Inc	595.00
Additional spaces and care fund	—
Opening/Closing & Setup *	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee *	35.00
Sales taxes	19.80
Total Due	1619.80

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

Darrell C Hawkins
Signature

1620 DUVAL ST
Address

S. D. GA 92102
State Zip Code

(619) 264-6606
Telephone

Invoice # 047037

Acct. # 018709

Work Order # E 6130

PY-593 (REV. 8-85)

NOTE—STRAIGHT

E 6130

$ 1619 80/100 San Diego, California. Sept 5, 1986 19

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Sixteen Hundred Nineteen and 80/100 DOLLARS.

with interest from October 6, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Carol Cornelious Hawkins

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6130

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SHAUN AU LA TRECE HUNTER-MORGAN	FEMALE	SEP 21, 1968	SEP 2, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	CAROLYN MORGAN-HAWKINS, MOTHER 1620 DUVAL STREET SAN DIEGO, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED SEP 04 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Carrol, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 8 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
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

E6130

047037	09/17/86	013709	DARECK C. HAWKINS			12/02/86	CK	368 876	1,619.80	1,619.80	0.
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			320.00		
			100	072	77183	000072			365.00		
			100	072	77184	000072			476.00		
			60101		9020				19.80		
			67007		77184				119.00		

E6130

E 6131

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-04-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dagmar S. Hughes &

in a ____ Vault/Liner Funeral, date, time Wed 9/10 AM

Church, Chapel, Graveside Upon receipt Telephone Mortuary.

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

Lot 10 Grave 35 Row ____ Section MAS Division/~~Block~~ D

Grave space & Care Fund	Deceased
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	
Total Due	140.00
Paid receipt number 33706	140.00
Balance due	-0-

PAID
SEP 4 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-4-86

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

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

Signature of recorded holder of deed

Son notified 9-10-86

C Hughes
Signature
10933 Dutton Dr
Address
La Mesa Ca 92041
State Zip Code
444 6400
Telephone

Work Order # E 6131

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

Call Son when completed 444-6468

G6131

Call
John Hughes
225-6547 225-6457
or
444-6468
Re: Dagmar S. Hughes

~~Lot~~
Would like to put
ashes in Lot 10
35 Mas D.
Wants cost etc

1:20

23696

E6131

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dagmar Strom Hughes	Female	9-11-1880	9-4-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	John A. Hughes (Son) 10933 Dutton Drive La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
1333 Camino Del Rio S. #105 San Diego, CA Telophase Society	F-1272

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA			COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED CREMAR CREMATORY 2299 S. Manchester ANAHEIM, CA.	DATE CREMATED 9/6/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ J. A. Hughes DATE SIGNED 9-4-86	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 05 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 10 1986 (ENTER DATE)	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 COUNTY OF DEATH N/A			

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.

E6131

OFFICIAL RECEIPT

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

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

№ 33706

Date: 09-04, 1986

From: John A. Hughes Address: 10933 Buttons Dr. La Mesa 92041

One hundred forty and no/100 Dollars ($ 140.00)

In full Payment of Dagmar L. Hughes service

Lot 10 Grave 35 Row Section Mx Division Block D

Invoice No.

Acct. No.

W.O. E-6131

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
SEP 10 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	35	00
Sales Tax	60101 9020		
TOTAL PAID	$	140	00

AC-212 (Rev. 8-85)

E6132

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot Sale for

Date 09-05-86

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

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 37 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495 00
Paid receipt number 33708	55 00
Balance due	440 00

PAID
MT HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-5-86

(over)

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6132

PY-593 (REV. 8-86)

9-23-86	33759 ✓	$440.00	
		20.00	
		420.00	
11-13-86	33918 ✓	20.00	
		400.00	
11-17-86	33937 ✓	20.00	
		380.00	
12/31/86	34049 - ✓	20.00	
		360.00	
01-30-87	34151 ✓	60.00	
		300.00	
04-14-87	34427 ✓	20.00	
		280.00	
06-03-87	34644	20.00	
		260.00	
06-17-87	34706	20.00	
		240.00	
07-20-87	34839	20.00	
		220.00	

8-4-87	34877	220 00
		20 00
8-10-87	34917	200 00
		20 00
		180 00
		20 00
10-19-87	35183	160 00
12-21-87	35442	20 00
		140.00
		20.00
12-29-87	35460	120.00
1-20-88	35582	20.00
		100.00

E6132

E6132

OFFICIAL RECEIPT

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

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

№ 33708

Date: 09-05, 1986

From: Frances Story Address: 321 S. Parker St Sd Ca 92113

Fifty five and no/100 Dollars ($ 55.00)

In Part Payment of Credit Lot Sale

Lot 37 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6132

Unpaid Balance after this Payment $440.00

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

AC-212 (Rev. 6-85)

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

CITY AUDITOR
SEP 10 1986

ISSUED BY B. Tang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	55	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	55	00

E6132

OFFICIAL RECEIPT

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

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

№ 33759

Date: 09-23, 1986

From: Frances Sterry Address: 321 S. Pardee St SD Ca 92113

Twenty and Six/100 Dollars ($ 20.00)

In Cut Payment of Pre-need lot

Lot 37 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6132

Unpaid Balance after this Payment $420.00

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

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

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	20	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	20	00

AC-212 (Rev. 8-85)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E16162

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 33918

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

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

Date: 11-13, 1986

From: Frances Story Address: 321 S. Pardee St SD Ca 92113

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Preneed lot

Lot 37 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 6132

BALANCE DUE $ 400.00

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

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

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Tang

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	20	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E 6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33937
E6132

CITY AUDITOR
NOV 24 1986

Date: 17, 1986

From: Frances Story Address: 321 S. Pardee St SD Ca 92113

Twenty and no/100 Dollars ($ 20.00)

In Part Payment of Credit lot sale

Lot 37 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6132

BALANCE DUE $380.00

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

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

FOR AUDIT ONLY
NOV 24 '86
CITY TREAS. SAN DIEGO

DCR 004954

ISSUED BY B. Nang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th — $ 20.00

Amount due if paid more than ____ days after due date above. — $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34049

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

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

Date: 12/30/86, 19

From: Frances Storey Address: 3215 Padre St SD 92103

Twenty Dollars ($ 20.00)

In Credit Sale Rd # Payment of Coupon #4 — Credit Sale

34049

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE 360.00

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

JAN 05 1987

ISSUED BY Georgen Stetts

CREDIT	67007	
20% Sales Cars	77184	
50% Sales of Lots	100 77164	20 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

#4

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

1819-

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 Ele132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

0th

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20 —

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34151

OFFICIAL RECEIPT

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

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

Date: 01-30, 1987

From: France Store Address: 321 S. Pardee, Sn Ca 92113

Sixty and no 1100 Dollars ($ 60.00)

In part Payment of Preneed lot

Lot 37 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E6132

BALANCE DUE $300.00

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

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

ISSUED BY R. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 79390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E-6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Dey Due Indicated Below

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

Amount due when paid on, or before due date above. 10th $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

0th

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

10th

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 34427
E6132

Date: 04-14 19 87

From: Frances Story Address: 321 S. Pardee St SD Ca 92113

Twenty and 00/100 Dollars ($ 20 00)

In Part Payment of Pruned lot .

Lot 37 Grave 3 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E6132

BALANCE DUE $280 00

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

AC-212 (Rev. 11-86)

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

ISSUED BY B. Tang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E 6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th — $ 20.00

Amount due if paid more than _____ days after due date above, — $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 34644
E6132

Date: 06-03, 1987

From: Frances Story Address: 321 S. Pardee, SD Ca 92113

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Pre-need lot

Lot 37 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6132

BALANCE DUE $260.00

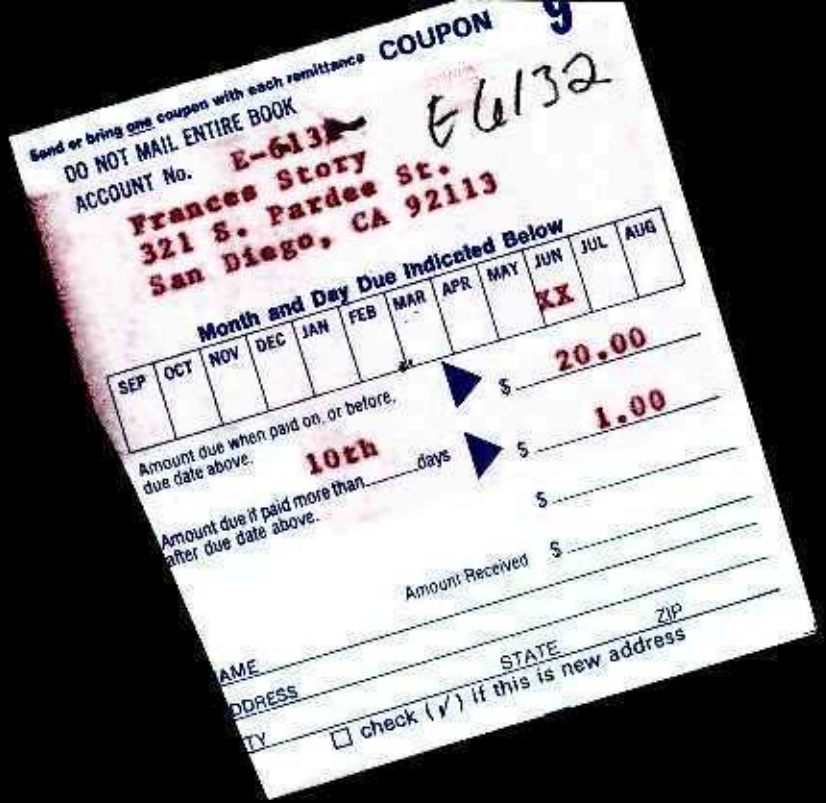
Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

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

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	20	00

AC-212 (Rev. 11-86)


Send or bring one coupon with each remittance COUPON 9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-613 E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10th days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34706

OFFICIAL RECEIPT

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

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

Date: 6-17, 1987

From: France Storey Address: 321 S. Pardee, S.D.

twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #10 Credit Lot Sales

Lot 37 Grave 3 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E 6132

BALANCE DUE 240 —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1877

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

ISSUED BY Lonely Ward

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

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. COUPON **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E6132

Frances Stolf
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20—

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34917
E6132

Date: 8-10, 1987

From: Frances Story Address: San Diego

Twenty dollars Dollars ($ 20.00)

In Coupon Payment of Credit Sale - Coupon # 13

E-6132

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6132

BALANCE DUE ____

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

AC-212 (Rev. 11-86) 1891

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

ISSUED BY JD

CREDIT		
20% Sales Care	57007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	20 00

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above **10th** $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 23 —

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 34877
E6132

Date: 8-4 , 1987

From: Frances Story Address: SD.

Twenty Dollars Dollars ($ 20.00)

In Coupon Payment of CREDIT SALE - COUPON #12
E-6132

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6132

BALANCE DUE

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

AC-212 (Rev. 11-86) 1886

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

ISSUED BY JD

CREDIT	87037		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	82033 8022		
Sales Tax	80101 76380		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6132 E6135

Frances Stacy
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

0th

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34839

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

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

Date: 7/20, 1987

From: Frances Story Address: 321 S. Pardee, S.D. 92113

twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon # 11 Credit Lot

Lot 37 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE 220.00

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

1884

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E-6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35183

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

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

Date: 10-19, 1987

From: Thomas Story Address: 321 S. Parker St SD 92113

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #14 Credit Lot

Lot 37 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE _____

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

1910

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT 20% Sales Cars	67007 77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	20 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E6132

Frances Story
32¢ S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 35442

Date 12-21, 1987

From Frances Story Address: 321 S. Pardee St. S.D. 92113

Twenty-dollars 00/100 Dollars ($ 20.00)

In part Payment of Credit lot corpa # 15

Lot 37 Grave 3 Row ~ Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-16132

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1927

AC-212 (Rev. 10-87)

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

CITY AUDITOR

DEC 28 1987

ISSUED BY Dora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 C 6162

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35460

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

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

Date: 12-29, 1987

From: Frances Story Address: 321 S. Porter, SD

twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon # 16 Credit Lot Sale

Lot 37 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE 120.00

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

1933

AC-212 (Rev. 10-67)

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

CITY AUDITOR

DEC 31 1987

ISSUED BY Sandy Ward

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

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E6162

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 0th $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 25—

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 35582

Date 1-20 19 88

From Frances Story Address 321 S. Pardee Street, SD

twenty dollars no/100 Dollars ($ 20.00)

In Payment of Coupon #17 Credit Lot

Lot 37 Grave 3 Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E-6132

BALANCE DUE 100.00

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

AC-212 (Rev. 10-87) 1936

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

CITY AUDITOR

JAN 22 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

Feb 1982

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above 10th $ 20.00

Amount due if paid more than _____ days after due date above, $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 35699

Date: 2-9 19 88

From: Frances Tow Address: 321 S. Pardee A, SD

Twenty dollars 00/100 Dollars ($ 20.00)

In Payment of Coupon 18 Under Act

Lot 37 Grave 3 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-6132

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1945

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 12 1988

ISSUED BY Sandra Rivera

CREDIT	67007	19	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 6022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 9th $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Story, Frances E6132 ACCT. NO. E-6132

ADDRESS 321 S. Pardee Street, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Sept 9	86	Lot 37, Grave 3, Section 3, Division 12	495 00		395 00	100 00
2-9	88	Coupon # 18, Receipt 35699			2000	80 00
3-8	88	Coupon 19, 20, 21 & 22 Receipt 35835			8000	-00

AIGNER FORM NO. 25-204 Story, Frances 37 - 3 - 3 - 12 PRINTED IN USA

OFFICIAL RECEIPT

№ 35835

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

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

Date: 3-8, 1988

From: Frances Store Address: 321 S. Pardee St, SD

eighty no/100 Dollars ($ 80.00)

In _____ Payment of Coupon 19, 20, 21 & 22 Credit Lot

Lot 37 Grave 3 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE 0

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

AC-212 (Rev. 10-67) 128

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

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

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E 6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132 E-6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 0th $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35935

Date: 3/31, 19 88

From: Frances Storey Address: 321 S. Pardee Street

eighty dollars no/100 Dollars ($ 80.00)

In _____ Payment of Account Closed. Check

Lot 37 Grave 3 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6132

BALANCE DUE 0

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

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	80	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 79390		
TOTAL PAID	$	80	—

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

E 6132

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6132

E6132

Frances Story
321 S. Pardee St.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Oth

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6133

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of deed from

Date 9-5-86 (7-7-86)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary & Louis Fujii to Mary Ann McClain

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

✓ Lot 146/54 Grave 1/3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 33518	35.00
Balance due	-0-

7-7-86

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6133

Acct. # _____

PY-593 (REV. 8-85)

#11300

E6133

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

4/23/1962

OWNERSHIP AND INTERMENT PRIVILEGES

TO May and Louis Fujii for the sum of $ 420.00 (DOLLARS)

LEGAL DESCRIPTION Lot 146, Grave 1 and Lot 154, Grave 3, Section 11, Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER B-8331

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:

Monument or Flush Memorial

Raymond W. Dehne
Cemetery Manager

Pauline des Granges Asst.
Park and Recreation Director

FORM PR-584

E6133

5941 N. Ivar Avenue
Temple City, California 91780
June 30, 1986

Mt. Hope Cemetary
3751 Market Street
San Diego, California 92102

Dear Sir:

My mother had two lots at Mt. Hope. She passed away on April 19, 1985 and her estate was closed on February 12, 1986. I am the executor of her estate and would like to sell the lots.

I have enclosed copies of the Order Approving First and Final Report of Executor and Decree of Final Distribution and death certificate.

I understand that in order to sell the lots I must have my name on the Deed. Therefore I am enclosing a check for $35 for the name change, along with the orginal Deed.

If you have any questions I may be reached at the above address or by phoning 818-285-8313.

Sincerely,

Mary Ann McClain

Mary Ann McClain

Enclosures: 4

25% COTTON CONTENT

E6133

HUFSTEDLER, MILLER, CARLSON & BEARDSLEY
700 SOUTH FLOWER STREET
LOS ANGELES, CALIFORNIA 90017
(213) 629-4200
Attorneys for Executor

FILED
FEB 12 1986
FRANK S. ZOLIN, County Clerk
[illegible], DEPUTY

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

In the Matter of the Estate of MAY M. FUJII, also known as MAY MATSUE FUJII and as MAY FUJII, Deceased.	NO. P-698,613 ORDER APPROVING FIRST AND FINAL REPORT OF EXECUTOR; ORDER FOR ALLOWANCE OF ATTORNEYS' STATUTORY AND EXTRAORDINARY FEES; AND DECREE OF FINAL DISTRIBUTION ON WAIVER OF ACCOUNTING

The First and Final Report of Executor and Petition for Allowance of Attorneys' Statutory and Extraordinary Fees and for Final Distribution on Waiver of Accounting of MARY ANN McCLAIN, as executor of the Will of MAY M. FUJII, deceased, HUFSTEDLER, MILLER, CARLSON & BEARDSLEY appearing as attorneys for petitioner, coming on the 7th day of February, 1986, for hearing and approval by the Court, in Department 11 thereof, the Honorable JULIUS A. LEETHAM, Judge presiding, the Court, after examining the petition and hearing the evidence, finds that due notice of the hearing has been given as required by law; that notice to creditors has been duly given as required by law; that more than four months have elapsed since first issuance of the Letters Testamentary in this estate, and the time for filing or presenting claims against the estate has expired; that all claims filed or

presented against the estate have been paid; that the entire estate consists of the separate property of the decedent; that all personal property taxes due and payable by the estate have been paid; that a United States Estate Tax Return showing no Federal estate tax due has been filed for the estate; that a State of California Estate Tax Return showing no state death tax credit allowable for Federal estate tax purposes and payable to California has been filed for the estate; that the Report of the executor is full, true and correct, and all the allegations of the petitioner are true; that all the acts and transactions of the executor relating to the matters set forth in it should be ratified, confirmed and approved; and that certain attorneys' statutory and extraordinary fees should be ordered as prayed for, and that final distribution should be granted as prayed for.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED by the Court as follows:

1. Due notice to the creditors of the decedent has been given.

2. The executor has in her possession belonging to the estate, an accounting being waived, a balance consisting of the property hereinafter described at the value of the appraisement; that the First and Final Report of MARY ANN McCLAIN, as executor of the Will of the decedent, is in all respects allowed and approved; and that all acts and transactions relating to the matters set forth in the Report are ratified, confirmed and approved.

3. The executor is hereby authorized and directed to pay from the funds of the estate the amount of $8,216.11 to HUFSTEDLER, MILLER, CARLSON & BEARDSLEY as attorneys' statutory fees for their services to the executor and to the estate.

4. The executor is hereby authorized and directed to pay from

the funds of the estate the amount of $950.00 to HUFSTEDLER, MILLER, CARLSON & BEARDSLEY for extraordinary services rendered by them as attorneys for the executor.

5. By virtue of the terms of the Will of the decedent, the executor is hereby authorized and directed to distribute all of the decedent's estate and all other property belonging to the estate, whether described herein or not, to decedent's daughter, MARY ANN McCLAIN, as follows:

a. Real property located in San Diego County, California, described as:

> Lots 43 and 44, Block 70, UNIVERSITY HEIGHTS, according to Amended Map thereof made by G. A. d'Hemecourt, Book 8, Page 36 of Lis Pendens.
>
> Commonly known as 4474-4480 Hamilton Street, San Diego, California 92116.
>
> Appraised: $280,000.00.

b. Real property located in San Bernardino County, California, described as:

> Lot 202, Tract No. 5763, as per plat recorded in book 75 of Maps, pages 78 to 82, inclusive, records of said County.
>
> Appraised: $7,000.00.

c. Promissory Note Secured by Deed of Trust in the principal amount of $32,000.00, executed by Theodore Jones and Shirley A. Jones, husband and wife, and Wiley Jones and Argel Jones, husband and wife, dated January 22, 1970, with interest at 8.5% per annum, payable monthly commencing April 12, 1970. Note secured by real property located in San Diego County, California, described as:

E6133

PARCEL 1:

The East 60.00 feet of the West 100.00 feet of the North 150.00 feet of the South 190.00 feet of the Southwest Quarter of Lot 51 of the Ex-Mission Lands of San Diego, commonly called Horton's Purchase, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 283, filed in the Office of the County Recorder of San Diego County, March 9, 1878.

EXCEPTING that portion of the above described property described and bounded as follows:

Beginning at the East line of 45th Street, as said 45th Street was located and established on October 2, 1946, with the North line of Ocean View Boulevard, as said Ocean View Boulevard was located and established on October 2, 1946; thence Northerly along the East line of said 45th Street, a distance of 16.85 feet to a point; thence Southeasterly along the arc of a tangent curve, concave to the Northeast, the radius of which is 17.00 feet, a distance of 26.56 feet to a point of tangency in the North line of said Ocean View Boulevard; thence Westerly along the North line of said Ocean View Boulevard a distance of 16.85 feet to the point of beginning.

PARCEL 2:

The East 60.00 feet of the West 160.00 feet of the North 150.00 feet of the South 190.00 feet of the Southwest Quarter of Lot 51 of the Ex-Mission Lands of San Diego, commonly called Horton's Purchase, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 283, filed in the Office of the County Recorder of San Diego County, March 9, 1878.

PARCEL 3:

The East 60.00 feet of the West 220.00 feet of the North 150.00 feet of the South 190.00 feet of the Southwest Quarter of Lot 51 of the Ex-Mission Lands of San Diego, commonly called Horton's

Purchase, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 283, filed in the Office of the Coutny Recorder of San Diego County, March 9, 1878.

PARCEL 4:

The East 60.00 feet of the West 280.00 feet of the North 150.00 feet of the South 190.00 feet of the Southwest Quarter of Lot 51 of the Ex-Mission Lands of San Diego, commonly called Horton's Purchase, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 283, filed in the Office of the County Recorder of San Diego County, March 9, 1878.

PARCEL 5:

The East 60.00 feet of the West 340.00 feet of the North 150.00 feet of the South 190.00 feet of the Southwest Quarter of Lot 51 of the Ex-Mission Lands of San Diego, commonly called Horton's Purchase, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 283, filed in the Office of the County Recorder of San Diego County, March 9, 1878.

d. One 1978 Oldsmobile automobile, Vehicle No. 3R47F8R463881 - Appraised: $2,875.00.

e. Furniture, furnishings and personal effects - Appraised: $500.00.

f. Balance in Checking Account, #01653-01301, at Bank of Ameirca, 2209 National Avenue, San Diego, California 92113 - $2,517.97.

g. Balance in Savings Account, #01659-06912, at Bank of America, 2209 National Avenue, San Diego, California - $15,368.38.

h. Balance in Checking Account, #220-10391-9, at Lloyds Bank California, 100 South Garfield Avenue,

E6133

Alhambra, California - $5,041.70.

i. Balance in Savings Account, #0334-44547-4, at Lloyds Bank California, 100 South Garfield Avenue, Alhambra, California - $15,935.41.

DATED: FEB 12 1986

JUDGE OF THE SUPERIOR COURT
LOS ANGELES COUNTY

JULIUS A. LEETHAM

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE, AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST FEB 13 1986

FRANK S. ZOLIN
County Clerk/Executive Officer of the Superior Court of California, County of Los Angeles.

BY _____ DEPUTY

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: E6133

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER:

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
MAY	MATSUE	FUJII	April 19, 1985	0142

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
female	Asian/Japanese	NO ☑	August 10, 1913	71 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
California	Jukichi Yamanishi - Japan	Matsu Yamashita - Japa

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19__ TO 19__	564-01-9479	widowed	----------

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
sales clerk	10	Hinshaws	department store

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
809 Sierra Vista Avenue		Alhambra

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	California	Mrs. Mary Ann McClain 5941 N. Ivar Avenue, Temple City, CA 91780

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Good Samaritan Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
616 South Witmer Street	Los Angeles

CAUSE OF DEATH

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

IMMEDIATE CAUSE

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

(A) Cardio-Respiratory Arrest ◀ 90'

DUE TO, OR AS A CONSEQUENCE OF

(B) Cardiac Arrythmia ◀ 4 years

DUE TO, OR AS A CONSEQUENCE OF

(C) Arteriosclerotic Coronary Artery Disease ◀ ?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? Yes

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Radical Tumor Reductive Surgery DATE: 3-20-85

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
3-10-85	4-18-85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard H. Nalick, MD

28C. DATE SIGNED: 4-22-85

28D. PHYSICIAN'S LICENSE NUMBER: G-13454

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard H. Nalick, M.D. 1245 Wilshire Blvd., Los Angeles

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

20

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
cremation	4/25/85	Ave., Redondo Beach Pacific Crest Cemetery, 182nd St. & Inglewood	4518 Shigeru Okamoto

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Fukui Mortuary, Inc.	T-1854-808	Robert B. Wade	APR 23 1985

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-85) 4292

06-9-2-1175

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

APR 24 1985

29

Director of Health Services and Registrar

E6134

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09/01/86

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

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	Month of August 1986 $580.
Recording and filing fee	
Sales taxes	
Total Due	$580.
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

SEAMAN-POE MONUMENT
Signature
3893 Imperial Ave.
Address
San Diego, CA 92113
State Zip Code
Resale #F-40258
Telephone

Invoice # 046646

Work Order # E 6134

Acct. # 000253

PY-593 (REV. 8-85)

8/1/86	$125.	2x1	Crittenden, Howard
	125.	2x1	Orosco, Maria L.
8/22/86	80.	10x20	Dollar, Steven. F.
	125	2x1	Ludwig, Frances
	125	2x1	Oldham, M.
	$580.		

10/10/86
E6134

OFFICIAL RECEIPT

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

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

№ 33800

Date: 10-6, 19 86

From: Seaman-Poe Address: 3893 Imperial Ave S 92113

Five hundred eighty and no/100 — Dollars ($ 580.00)

In full Payment of Marker installation for Aug. 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 046646

Acct. No. 000253

W.O. E-6134

Unpaid Balance after this Payment 0

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

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

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 6020	
TOTAL PAID	$	580.00

AC-212 (Rev. 8-86)

E6135

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09/01/86

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

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Month of August 1986	$125.
Recording and filing fee	
Sales taxes	
Total Due	$125.
Paid receipt number _____	
8/11/86 $125. 2x1 - Manzetti, M. Balance due	

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

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

_____
Signature of recorded holder of deed

CLEMENS GRANITE CO.
Signature
10527 Prospect Ave.
Address
Santee, CA 92071
City
Resales # F-91479
Zip Code
Telephone

Invoice # 046647

Work Order # E 6135

Acct. # 006490

PY-593 (REV. 8-85)

10/16/86
E6135

OFFICIAL RECEIPT

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

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

№ 33824

Date: 10-9, 1986

From: Clemens Granite Address: 10527 Prospect Santee 92071

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

In full Payment of Marker installations for Aug. 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 046647

Acct. No. 106490

W.O. E 6135

Unpaid Balance after this Payment 0

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

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

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 8030	
TOTAL PAID	$	125.00

AC-212 (Rev. 8-85)

E6135

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/16/86

DATE: 10/16/8(
TIME: 215638
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
046647	09/08/86	006490	CLEMENS GRANITE COMPANY					10/09/86	CK	13571	125.00	125.00	0.00
			100	072		77183	000072				125.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID E-6135 125.00

E6136

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09/01/86

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

in a _____ (Vault/Liner) _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Month of August 1986	945.00
Recording and filing fee	
Sales taxes	
Total Due	$945.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

CONTI & SON MONUMENT
Signature
P.O. Box 94
Address
San Diego, CA 92112
State
Resale #FH-25603192 Zip Code
Telephone

Invoice # 046648

Work Order # E 6136

Acct. # 004821

PY-583 (REV. 8-85)

8/6/86	$125	2x1	Peoples, Cornelius
	125	2x1	Madsen, Anina
	125	2x1	Bradford, Gloria J.
8/22/86	125	2x1	Rodetis, S.
	125	2x1	" H.
	125	2x1	(Garcia) De La Cruz,M.
	80	10x20	Ehrhorn, S.
8/27/86	115	2x1	Aragonez, E.M.
	$945.		

10/2/86
E6136

OFFICIAL RECEIPT

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

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

№ 33766

Date: 09-25-86, 19

From: Conti & Sons Address: P.O. Box 94, S.D. Ca 92112

Nine hundred forty five and no/100 - Dollars ($ 945.00)

In full Payment of Marker installations for Aug 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 046648

Acct. No. 004821

W.O. E-6136

Unpaid Balance after this Payment 0

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

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

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	945.00

AC-212 (Rev. 8-85)

E6136

046648	09/08/86	004821	CONTI AND SON MEMORIAL CO			09/30/86	CK	5958	945.00	945.00	
	E6136		100	072	77183	000072			945.00		PAID IN FUI

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,905.50

E6137

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-05-86

Areola

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

in a TS Vault (Vault/Liner) Funeral, date, time Tues 9/9 9:00

Church, Chapel, Graveside _____ ; Claremont Mortuary.

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

Lot 153 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1105.50
Paid receipt number 33711	1105.50
Balance due	-0-

PAID
SEP 5 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-5-86

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

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

_____
Signature of recorded holder of deed

Jorge Gabriel
Signature

4464 Charger Blvd
Address

SD 92117
State Zip Code

560 8269
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6137

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6137

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Andres Areola Bautista	Male	Nov. 9, 1902	Sept. 4, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lydia B. Gabriel - Niece 4464 Charger Blvd. San Diego, CA. 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | CALIFORNIA LICENSE NUMBER

Clairemont Mortuary 4266 Mt. Abernathy Ave. San Diego | F-1126

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

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CRISMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Mariot St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 08 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 9 1986 (ENTER DATE)	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 COUNTY OF DEATH N/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.

E6137

OFFICIAL RECEIPT

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

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

№ 33711

Date: 09-05, 1986

From: Jorge E. Gabriel Address: 4464 Charger Blvd Sd Ca 92117

Eleven hundred five and 50/100 Dollars ($ 1105.50)

In full Payment of Andrea A. Bautista Service

Lot 153 Grave 8 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-6137

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
SEP 10 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175.00	~~[illegible]~~
Recording fees or misc. service fees	100 77183	205.00	~~[illegible]~~
Sales Tax	60101 9050	10	50
TOTAL PAID	$	1105	50

AC-212 (Rev. 8-85)

E6138

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delia M. Hall

in a T.S. Vault (Vault/Liner) Funeral, date, time Tue - 1:30 - 9/9/86

Church, Chapel, Graveside Chapel - L.S. ; Paris - Fredrick Mortuary.

All Funeral cars must 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 1983 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre Need - PD.	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Sealed Vault (County)	175.00
Handling Fees ..... RECEIVED	170.00
Flower vases - Marker setting fee ..... SEP 9 1986	
Recording and filing fee	35.00
Sales taxes ..... MT. HOPE CEMETERY	10.50
Total Due	710.50
Paid receipt number 33723	710.50
Balance due	-0-

Due 9/12/86 9-9-86

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

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

Signature of recorded holder of deed

Signature: Boyd D. Hall

Address: P.O. Box 397

Yuma, AZ 85364 (State, Zip Code)

Telephone: 602-726-5118

Work Order # E 6138

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6758

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Delia M. Hall	Female	Jan. 1, 1896	Sept. 5, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Payson	Arizona	Ida M. Ellis - Daughter 3811 Driftwood Court San Angelo, TX 76904

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary 374 No. Magnolia Ave., El Cajon, CA 92020	795

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market, San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP - 8 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 9 1986 (ENTER DATE)	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 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.

E6138

OFFICIAL RECEIPT

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

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

№ 33723

c/o Ida Ellis

Date: 09-09, 1986

From: Merkel M. Newton Address: 3811 Driftwood Ct. San Angelo TX 76914

Seven hundred ten and 50/100 Dollars ($ 710.50)

In full Payment of Delie M. Hall services

Lot 1983 Grave _____ Row _____ Section _____ Division Block: 10

Invoice No. _____

Acct. No. _____

W.O. E-6138

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR
SEP 12 1986
9
Paid

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	80101 8020	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 8-85)

E6139

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-08-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Lee Holden

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 9/11 2PM

Church, Chapel, Graveside Church of S. Lewis Mortuary.

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

✓ Lot 91 Grave 12 Row — Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Counter Bell Liner	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33715	856.00
Balance due	0

RECEIVED
SEP 8 1986
MT. HOPE CEMETERY

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

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

Signature of recorded holder of deed

X Eula Lewis
Signature
4131 Mississippi St
Address
San Diego, Cal. 92104
State Zip Code
291-1809
Telephone#

Work Order # E 6139

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Lita Young
4131 Mississippi
San Diego, Ca 92104
291-1809

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6139

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH LEE HOLDEN	female	Jan 31, 1912	Sept 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elta Young - sister 4131 Mississippi San Diego, CA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: SEP 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pomeroy, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 11 1986 (ENTER DATE) 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 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1/86) FORM VS-9

OFFICIAL RECEIPT

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

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

CITY AUDITOR
SEP 12 1986

№ 33715

Date: 9/8/86, 19

From: Elta Young Address: SD 92104

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In -Felt- Payment of Interment Fees for Ruth Lee Holden - due

Lot 91 Grave 12 Row Section 2 Division Block 11

Invoice No. 2

Acct. No. 2

W.O. E-6139

Unpaid Balance after this Payment 0

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

AC-212 (Rev. 6-86) 950

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

002481

1986

ISSUED BY George Stitt

CREDIT 20% Sales Care	57001 77184	50 ~~200~~	~~00~~
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	80101 8020	6	00
TOTAL PAID	$	856	00

E6140

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah O. H. Ward

in a Liner (Vault/Liner) Funeral, date, time THURS 9/11 10AM

Church, Chapel, Graveside NONE ; [redacted] Mortuary.

All Funeral cars must 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 Drop off

Lot 175 Grave — Row — Section — Division/[redacted] 10

Grave space & Care Fund	Pr. Hud D-3874	—
Additional spaces and care fund		none
Opening/Closing & Setup	Pr. Hud D-4611	
Burial Container		Pd.
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		—
Total Due		35.00
Paid receipt number	33717	35.00
Balance due		0

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

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

Signature of recorded holder of deed

X Opal M Kerley
Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6140

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6140

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Beulah Howard Ward	Female	Nov. 15, 1901	Sept. 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Opal Kerley - Conservator 3732 Oleander Drive San Diego, CA. 92106

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: SEP 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 11 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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.

OFFICIAL RECEIPT

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

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

CITY AUDITOR
SEP 12 1986 No. 33717

Date: 9/8/86, 19

From: B J Kerley Address: S.D. 92106

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Recording & filing fees for B.H. Ward-Dee

Lot 175 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E 6140

Unpaid Balance after this Payment —

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

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

ISSUED BY George W Stetler

CREDIT 20% Sales Care	87007 77184	—
80% Sales of Lots	100 77184	—
Openings & Service Charges	100 77181	—
Burial Containers	100 77182	—
Recording fees or misc. service fees	100 77183	35.00
Sales Tax	60101 9020	—
TOTAL PAID	$	35.00

AC-212 (Rev. 8-85)

E6141

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lots for

Date 09-09-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Z. Allen and Alice M. Barker

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

✓ Lot 7 Grave 142 Row _____ Section 100F ~~Division~~/Block 3

Grave space & Care Fund ..... 595.00 ea 1190.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... RECEIVED ..... _____

Burial Container ..... _____

Handling Fees ..... SEP 1986 ..... _____

Flower vases - Marker setting fee ..... MT. HOPE CEMETERY ..... _____

Recording and filing fee ..... (Paid) ..... _____

Sales taxes ..... _____

Total Due 1190.00

Paid receipt number 33721 1190.00

Balance due _____

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

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

_____
Signature of recorded holder of deed

x Alice M. Barker
Signature
x Alice M. Barker
Address
12695 Caminito Vuelo
State Zip Code
San Diego, Ca. 92128
Telephone

Invoice # _____

Work Order # E 6141

Acct. # _____

PY-593 (REV. 8-85)

phone 264-3157 #11304

E6141

OFFICIAL RECEIPT

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

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

№ 33721

Date: 09-09, 1986

From: Alice M Barker Address: 12695 Nimino Vuelo Sol Ca 92128

Seven hundred ninety and no/100 — Dollars ($ 1190.00)

In full Payment of (2) Pre-need lots

Lot 7 Grave 1 + 2 Row Section 100F Division Block 3

See E-6142

Invoice No.

Acct. No.

W.O. E-6141

Unpaid Balance after this Payment 0

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

CR# 889
16/21

AC-212 (Rev. 8-85)

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

9 CITY AUDITOR
SEP 12 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	238	00
80% Sales of Lots	100 77184	952	00
Openings & Service Charges	100 77181	—	—
Burial Containers	100 77182	—	—
Recording fees or misc. service fees	100 77183	—	—
Sales Tax	80101 8030	—	—
TOTAL PAID	$	1190	00

E6142

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust for:

Date 09-09-86

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 7 Grave 1&2 Row _____ Section 100F ~~Division/~~Block 3

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $320.00	640.00
Burial Container 2 @ $175.00 TS Vault	350.00
Handling Fees 2 @ $170.00 & handling	340.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ $35.00	70.00
Deposit Sales taxes 2 @ $10.50	21.00
Total Due	1421.00
Paid receipt number 33722 ✓	41.00
Balance due	1380.00

9-9-86

23 @ $60.00

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

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

PAID

Signature of recorded holder of deed

AUG 29 PAID 1988

MOUNT HOPE CEMETERY

Signature [signature]

Address Alice M. Barker

12695 CAMINO VUELO

State SAN DIEGO, CA 92128 Zip Code

Telephone 619-487-0202

Invoice # _____

Acct. # _____

Work Order # E 6142

PY-593 (REV. 8-85)

over

Payment book sent 10-28-86

11-13-86	33916 ✓	1380.00
		60.00
12-10-86	33998 ✓	1320.00
		60.00
01-07-87	34067 ✓	1260.00
		60.00
01-29-87	34145 ✓	1200.00
		60.00
03-06-87	34277 ✓	1140.00
		60.00
03-30-87	34363 ✓	1080.00
		60.00
05-07-87	34551 ✓	1020.00
		60.00
06/08/87	34669 ✓	960.00
		60.00
7/8/87	34795	900.00
		60.00
7/28/87	34860	840.00
		60.00
8-26-87	34968	780.00
		60.00
10-1-87	35084	720.00
		60.00
10-30-87	35219	660.00
		60.00
		600.00

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.

12/4/87 [redacted] 35392

600 00
[redacted] 60 00
540 00

E6142

OFFICIAL RECEIPT

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

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

Trust

E6142

№ 36495

Date: 8-4, 19 88

From: [illegible] Address: 12695 Camino Vuelo
[illegible] $ Dollars ($ 60.00)

In payment Payment of Pre-Need Trust

Lot 7 Grave 1+2 Row Section 100F Division Block 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 60.00

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

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

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	—
Sales Tax	80101 78390		
TOTAL PAID	$	60	—

AC-212 (Rev. 10-87)

1679

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 60.00

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

60.00 ck $ _____

#16079 Amount Received $ _____

NAME _____ CITY

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

AUG

OFFICIAL RECEIPT

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

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

№ 36595

Date: 8-29, 19 88

From: Alice Barker Address: 12695 Camino Vuelo SD 92128

Sixty dollars no/100 Dollars ($ 60.00)

In _____ Payment of Final Payment on Preneed Trust Burial Services

Lot 7 Grave 1&2 Row _____ Section IOOF Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE 0

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

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

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 10-87) 1716

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PEERLESS TRUST

Allen &/or Alice M. Barker
12695 Campo Vuelo
San Diego, CA 92128

E 6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. 6th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 33722

Date: 09-09-86, 19

From: Allen + Alice Barker Address: 12695 Camino Vuelo SD 92128
Fortyone ad no 100 Dollars ($ 41.00)

In Deposit On Payment of Trust for 2 complete Services
Using T.S. Vault & Opening & Cl. & Refer & Tax

Lot -7- Grave 1 & 2 Row Section IOOE ~~Division~~ Block 3

Invoice No. —

Acct. No. —

W.O. E-6142

Unpaid Balance after this Payment $1380.00
23 @ $60.00

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

AC-212 (Rev. 8-85) 890

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

CITY AUDITOR
SEP 12 1986
Paid

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Trust Sales Tax	60101 9020	41.00
TOTAL PAID	$	41.00

63033-9022

OFFICIAL RECEIPT

№ 33916

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

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

Date: 11-13 19 86

From: E. Allen Parker Address: 12695 Camino Verde SD 92128

Sixty and no/100 Dollars ($ 60.00)

In Part Payment of Preneed Trust Deposit

Lot 7 Grave 142 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE $1320.00

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

CITY AUDITOR
NOV 17 1986

CREDIT	87007		
20% Sales Care	77164		
80% Sales of Lots	77		
Opening/ Closing	77		
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77153		
Pre-Need Trust	83033 90022	60	00
Sales Tax	80101 76380		
TOTAL PAID	$	60	00

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

ISSUED BY B. Tang

AC-212 (Rev. 11-86)

...d or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRINTED TRUST

Allen &/or Alice M. Barker
12693 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

coupon with each remittance **COUPON** **20**

MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREMIER TRUST
Allen &/or Alice M. Barker
12695 Caminc Yuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36193

Date: 5-27, 1988

From: Alice Barker Address: 12695 Camino Vuelo, SD

One hundred twenty no/100 Dollars ($ 120.00)

In _____ Payment of Coupon 20 & 21 Credit Lot

Lot 7 Grave 1 & 2 Row _____ Section TOOF Division ~~Block~~ 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE 120.00

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

AC-212 (Rev. 10-87) 1632

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

CITY AUDITOR

JUN 2 1988

011732

ISSUED BY Andrea Vera

CREDIT	87007		~~120~~ ~~00~~
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	120	00
Sales Tax	80101 78390		
TOTAL PAID	$	120	00

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREPAID TRUST

Alice &/or Alice H. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. LOCh ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36123

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

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

Date: 5-9, 1988

From: Alice Barker Address: 12695 Camino Vuelo, SD

Sixty Dollars no/100 Dollars ($ 60.00)

In _____ Payment of Coupon #19 Pre-need Trust

Lot 7 Grave 1 & 2 Row _____ Section IOOF Division ~~Block~~ 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE 240.00

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

1602

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAY 12 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST
Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35908

Date: 3-24, 1988

From: Alice Butler Address: 12695 Camino Vuelo, SD 92128

Sixty dollars no/100 Dollars ($ 60.00)

In Payment of Preneed Trust

Lot 7 Grave 1 & 2 Row Section IOOF Division Block 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 300.00

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

AC-212 (Rev. 10-87)

1559

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREFERRED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

F6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. Oct ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35785

Date: 3-1, 1988

From: Alice Barker Address: 12695 Camino Vuelo, SD

Sixty no/100 Dollars ($ 60.00)

In Payment of Coupon # 17 Preneed Trust

Lot 7 Grave 1 & 2 Row Section IOOF Division Block 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 360.00

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

1532

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 03 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 76390		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREMEAD TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35652

Date: 2-4 19 88

From: Alice Barker Address: 12695 Camino Ruiz, SD 92128

Sixty dollars 100 Dollars ($ 60.00)

In Payment of Cemetery Lot

Lot 7 Grave 172 Row Section 700F Division 3 Block

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 420.00

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

AC-212 (Rev. 10-87) 1505

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

CITY AUDITOR

FEB 08 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	50101 78390		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREMEED TRUST

Allan &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35486

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

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

Date: 1-4, 1988

From: Alice M. Baker Address: 12695 Camino Vuelo SD

Sixty Dollars no/100 Dollars ($ 60.00)

In Payment of Coupon # 15 Preneed Trust

Lot 7 Grave 1 & 2 Row Section IOOF Division ~~Block~~ 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 480.00

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

AC-212 (Rev. 10-87) 1471

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

CITY AUDITOR

JAN 06 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	—
Sales Tax	60101 78390		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREMEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, *due date above* 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 35219
E6142

Date: 10-30 , 1987

From: Allen & Alice Barker Address: 12695 Camino Verde SD. 92128

Sixty Dollars ($ 60.00)

In Part Payment of Coupon #13 Preneed Trust

Lot 7 Grave 1&2 Row Section 100F Division 3 Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE $600.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1373

AC-212 (Rev. 11-85)

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

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60353 9022	60	00
Sales Tax	60101 78360		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice K. Barkey
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35084

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

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

Date: 10-1 19 87

From: Allen & Alice Barker Address: 12675 Camino Ruiz SD

Sixty Dollars ($ 60.00)

In Payment of Coupon #12 Prepaid Trust

Lot 7 Grave 1E7 Row Section IOOF Division ~~Block~~ 3

Invoice No.

Acct. No.

W.O. E-6142

BALANCE DUE 660.00

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

1331

AC-212 (Rev. 11-86)

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

ISSUED BY Gordon L. Wood

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77165		
Pre-Need Trust	63003 8322	60	—
Sales Tax	60101 78360		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRINTED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above .Oth ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34967

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

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

Date: 8-26, 1987

From: Alice Barker Address: 12695 Camino Vuelo, SD 92121

Sixty dollars Dollars ($ 60.00)

In _____ Payment of Pre-need Trust Coupon # 11

Lot 7 Grave 1 & 2 Row _____ Section IOOF ~~Division~~ Block 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE $720.00

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

1287

AC-212 (Rev. 11-86)

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

CITY AUDITOR

AUG 28 1987

ISSUED BY Lady Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	60	—
Sales Tax	60101 76390		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6142 - PRENEED TRUST**

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above **10th** ▶ $ **60.00**

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

$ _____

Amount Received $ 60.00

NAME Alice Barker

ADDRESS 12695 Camino Vuelo

CITY San Diego STATE Ca ZIP 92128

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34860

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

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

Date: _____, 19__

From: Alice M. Gaskes Address: 12695 Camino Vuelo, SD 92128

Sixty Dollars Dollars ($ 60.00)

In _____ Payment of Preneed Trust

Lot 7 Grave 1 & 2 Row _____ Section IOOF Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE $180

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

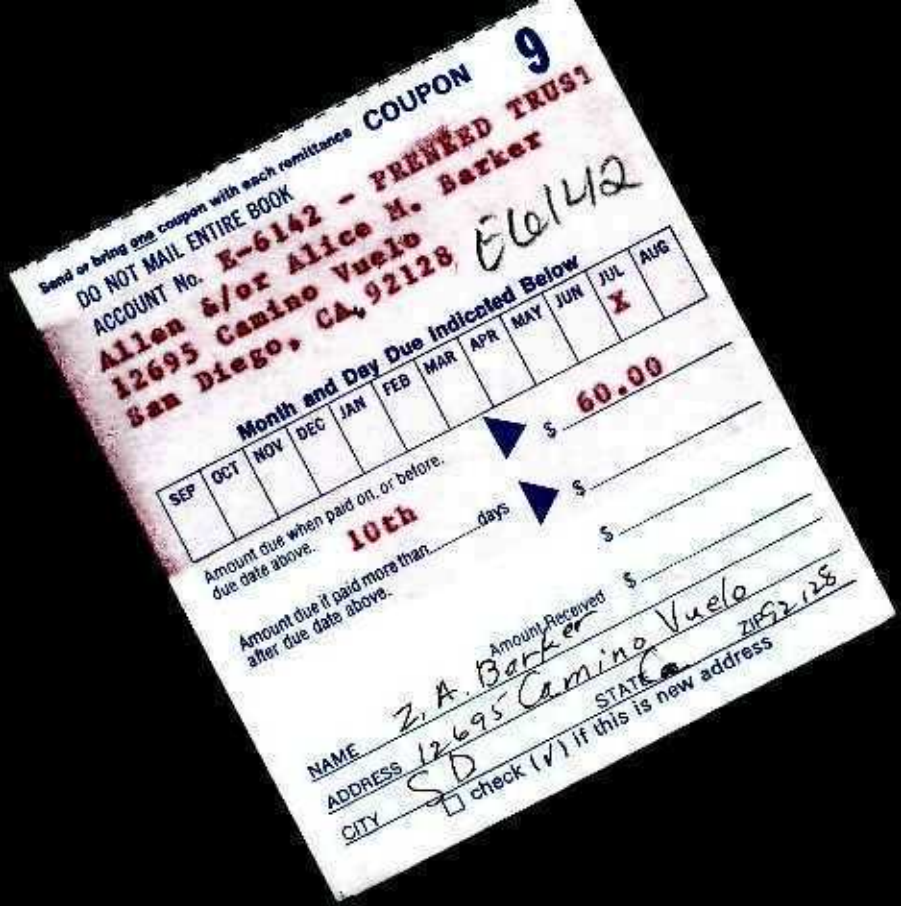
1251

AC-212 (Rev. 11-85)

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

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	—
Sales Tax	60101 78380		
TOTAL PAID	$	60	—



Send or bring one coupon with each remittance COUPON 9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PREMED TRUST

Allen &/or Alice M. Barker

12695 Camino Vuelo

San Diego, CA, 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 60.00

10th days

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

$

$

NAME Z. A. Barker Amount Received

ADDRESS 12695 Camino Vuelo

CITY SD STATE Ca. ZIP 92128

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34795

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

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

Date: 7-8, 1987

From: Alice Barker Address: 12695 Camino Vuelo, SD

sixty dollars Dollars ($ 60 —)

In _____ Payment of Coupon #9 Trust Deposit

Lot 7 Grave 1 & 2 Row _____ Section IOOF Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-6142

BALANCE DUE 840.00

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

1213

AC-212 (Rev. 11-86)

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

ISSUED BY Handy Ward

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	69033 9022	60	—
Sales Tax	80101 78280		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME Z. A. Barker

ADDRESS 12695 Camino Vuelo

CITY San Diego STATE Ca ZIP 92128

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34669

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

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

Date: 6/8, 1987

From: Allen Allen Lacke Address: 126 95 Camino Vuelo

Sixty 00 Dollars ($ 60 —)

In — Payment of Coupon #8 Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 6142

BALANCE DUE 900

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
1190

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

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	60	—
Sales Tax	60101 76390		
TOTAL PAID	$	60	—

AC-212 (Rev. 11-86)

Logged

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6142 - PRENEED TRUST**

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. **10th** $ **60.00**

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34551

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

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

Date: 05-07, 1987

From: Alice M. Barker Address: 12695 Camino Vuelo, SD Ca 92128

Sixty and no/100 Dollars ($ 60.00)

In Part Payment of Preneed Trust Deposit

Lot 7 Grave 1 & 2 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E 6142

BALANCE DUE $960.00

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

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

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	60033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. COUPON 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

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

$ 60.00

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

$ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34363

Date: 03-30 19 87

From: Alice M. Baker Address: 6675 Camino Verde La Mesa Ca 92042

Sixty and no/100 Dollars ($ 60.00)

In Full Payment of Interest Trust Deposit

Lot 7 Grave 1 & 2 Row Section 100F Division 3 Block

Invoice No.

Acct. No.

W.O. E6142

BALANCE DUE $ 0.00

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	83033 8022	60	00
Sales Tax	60101 78300		
TOTAL PAID	$	60	00

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

ISSUED BY B. Lang

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E 6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 34277

E6142

Date: 03-06, 1987

From: Alice M. Barker Address: 12695 Camino Vuelo, Sd Ca 92128

Sixty and no/100 Dollars ($ 60.00)

In part Payment of Prenced Trust Deposit

Lot 7 Grave 1 & 2 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E6142

BALANCE DUE $1080.00

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

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

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK *

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker

12695 Camino Vuelo

San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above

10th

$ 60.00

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

$ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 34145
E6142

Date: 01-29, 1987

From: Alice M. Barker Address: 12695 Camino Vuelo SDCa 92128

Sixty and no/00 Dollars ($ 60.00)

In part Payment of Preneed Trust

Lot 7 Grave 1 & 2 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E 6142

BALANCE DUE $1140.00

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

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

FEB 9 1987

007357

ISSUED BY R. Lane

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Be sure to bring this coupon with each remittance **COUPON** 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker
12695 Camino Vuelo
San Diego, CA 92128

E6142

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 34067
E6142

Date: 01-07, 1987

From: Alice M. Barker Address: 12695 Camino Vuelo L.D. Ca 92128

Sixty and no/100 Dollars ($ 60.00)

In Part Payment of Preneed Trust

Lot 7 Grave 1 + 2 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E6142

BALANCE DUE $1200.00

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

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

JAN 08 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	60	00
Sales Tax	60101 76380		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

...ding one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker

12695 Camino Fuelo

San Diego, CA 92128

E 6142

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 60.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

Nº 35372

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

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

Date: 12-4 19 87

From: Ellen Barker Address: 12695 Carmen Vista, SD

Fifty dollars Dollars ($ 60.00)

In Payment of Coupon #14 Credit Lot

Lot 7 Grave 182 Row Section IOOF Division 3 Block

Invoice No

Acct. No

W.O. E-6142

BALANCE DUE 540.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1923

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	65000 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6142 - PRENEED TRUST

Allen &/or Alice M. Barker

12695 Camino Vuelo

San Diego, CA 92128 E6142

Month and Day Due Indicated Below

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

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

10th

$ 60.00

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

$ _____

$ _____

Amount Received $ _____

NAME Allen &/or Alice Barker

ADDRESS 12695 Camino Vuelo

CITY San Diego STATE Ca ZIP 92128

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 33998

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

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

Date: 12-10, 1986

From: Alice M. Barker Address: 12695 Camino Vuelo, SDCa 92128

Sixty and no/100 Dollars ($ 60.00)

In part Payment of Preneed Trust deposit

Lot 7 Grave 1 & 2 Row Section 100F ~~Division~~ Block 3

Invoice No.

Acct. No.

W.O. E6142

BALANCE DUE $1260.00

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

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

CITY AUDITOR
DEC 15 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	80101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

E6143

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-10-86

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

in a Liner (Vault/Liner) Funeral, date, time Fri 9/12 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

Lot 730 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33725	606.00
Balance due	

RECEIVED
SEP 10 1986
MT. HOPE CEMETERY
Paid

9-10-86

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6143

PY-593 (REV. 8-85)

E6143

OFFICIAL RECEIPT

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

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

№ 33725

Date: 9-10, 19 86

From: MacLeod Address: 2530 Imp. Sd Ca 92102

Six hundred six and nine two Dollars ($ 606.00)

In full Payment of Koonce Reed Service

Lot 730 Grave _____ Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E6143

Unpaid Balance after this Payment 0

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

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

CITY AUDITOR

SEP 12 1986

Paid

ISSUED BY E. Lang

CREDIT 30% Sales Care	67007 77194		
50% Sales of Lots	100 77194		
Openings & Service Charges	100 77191	320	00
Burial Containers	100 77192	100	00
Recording fees or misc. service fees	100 77193	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6143

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KOONCE REED	Male	Aug. 1, 1905	Sept. 7, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mae Manuel Reed - Wife 2530 Imperial Ave. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

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

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 9 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 12 1986 (ENTER DATE)	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 COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. Mtm

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

E6144

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Corsello in a Double Crypt (Vault/Liner) Funeral, date, time Fri 9/12 9:00 Church, Chapel, Graveside ____ Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 809 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Double Crypt	320 00
Handling Fees	330 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	19 80
Total Due	1619 80
Paid receipt number 33726	1619 80
Balance due	-0-

RECEIVED
SEP 10 1986
MT. HOPE CEMETERY
Paid

9-10-86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Frank P. Corsello
Signature
125 Pearl St
Address
San Diego CA 92114
State Zip Code
264-1147
Telephone

Invoice # ____

Work Order # E 6144

Acct. # ____

PY-583 (REV. 8-85)

#11301

E6144

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33726

Date: 09-10, 1986

From: Frank Corsello Address: 135 Pagel Pl. SD Ca 92114

Sixteen hundred nineteen and 80/100 Dollars ($ 1619.80)

In full Payment of Marie A. Corsello Service

Lot 809 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6144

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 12 1986
Paid

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	320	00
Recording fees or misc. service fees	100 77183	365	00
Sales Tax	60101 9030	19	80
TOTAL PAID	$	1619	80

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E61414

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIE A. CORSELLO	FEMALE	AUGUST 13, 1914	SEPT. 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
NATIONAL CITY	SAN DIEGO	FRANK P. CORSELLO husband 125 PAGEL PLACE SAN DIEGO, CALIFORNIA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GOODBODY MORTUARY, 5027 EL CAJON BLVD., SAN DIEGO, CA	F 790

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA

COUNTY: SAN DIEGO

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: SEP 11 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald R. Powers, M.D. Interim

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 11 1986 (ENTER DATE)

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 COUNTY OF DEATH: N/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

E 6145

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of V. William ~~Bocock~~ Bocock

in a Liner (Vault/Liner) Funeral, date, time FRI 2 PM 9-12-86

Church, Chapel, Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 58 Grave 11 Row _____ Section 3 Division/~~Block~~ 5

Grave space & Care Fund	Prenead
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33729	606.00
Balance due	-0-

RECEIVED
SEP 11 1986
MT. HOPE CEMETERY
Paid

Called by 9-11-86
Ray @ Humphries

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Theresa Bocock
Signature of recorded holder of deed

Theresa Bocock
Signature

2182 Ave Del Mapes
Address

SA 92154
State Zip Code

423 0958
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6145

PY-553 (REV. 8-86)

E6145

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

Date: May 18, 1982

TO WHOM IT MAY CONCERN:

On 3/1949, I/~~we~~ V. William Bocock,

purchased from Mt. Hope Cemetery the following:

Pre-Need Lot(s) Lot 58 Grs 7 & 11 Sec 3 Div 5 ($ 250.00;

Pre-Need Interment Charge N/A ($);

Pre-Need Burial Liner/Vault N/A ($).

It is now my/~~our~~ desire to make this pre-need arrangment irrevocable.

I hereby convey and devise my interest in above lot(s) and services to Mt. Hope Cemetery to be held in trust and to be used only for the interment of the person(~~s~~) named above.

x Wm V Bocock
Lot Owner or Person Acting For

I hereby accept for Mt. Hope Cemetery Lot 58 Grs 7 & 11 Sec 3 Div 5, to be held in trust for V. William Bocock, so that this property shall be inalienable and interment shall be restricted to above named person(~~s~~).

Robert Sutton
Robert M. Sutton, Cemetery Manager

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

E6145

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
VERN	WILLIAM	BOCOCK	September 10, 1986	0930

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	White/American	NO	July 10, 1916	70 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
NA	Charles Bocock Unknown	Theresa Vandermark NY

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 41 TO 19 43	265-18-5176	Widowed	N/A

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Ticket Seller	30	Service Employees International Union	Entertainment

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
2181 Avenida Del Mexico #13		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Theresa Bocock (Mother) 2181 Avenida Del Mexico #13 San Diego, CA 92154

21A. PLACE OF DEATH	21B. COUNTY	
Residence	San Diego	

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
2181 Avenida Del Mexico #13	San Diego

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Complications of living with melanoma — 10 years

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B)

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? no

25. WAS BIOPSY PERFORMED? yes

26. WAS AUTOPSY PERFORMED? no

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? no — TYPE OF OPERATION — DATE

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO./DA./YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
4/1/80	9/9/86	Joseph B. Hunt M.D.	9/10/86	C-26840

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Joseph B. Hunt, M.D. 1835 El Cajon Blvd.-Suite B San Diego, CA 92103

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	09-12-1986	Mt. Hope Cemetery 3751 Market St. San Diego, CA	Raymond J. Wooding 4881

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Humphrey Chula Vista Mortuary	F-964	Donald L. Ramos, M.D. Co.	SEP 11 1986

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

Donald L. Ramos, M.D.
HEALTH OFFICER
SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY., SAN DIEGO, CA 92101

I HEREBY CERTIFY THAT I AM AFFIXING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES. THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

FEE WAIVED: FOR GOVERNMENT USE ONLY

DATED: SEP 11 1986

PERMIT FOR DISPOSITION OF HUMAN REMAINS

EL6145

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VERN WILLIAM BOCOCK	Male	07-10-1916	09-10-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Theresa Bocock (Mother) 2182 Avenida Del Mexico#13 San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary-855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: SEP 11 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 12 1986 (ENTER DATE)	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 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
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33729

Date: 09-11, 1986

From: Theresa Bocock Address: 2182 Avenida del Mar, Sea 92154

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Veen William Bocock Service

Lot 58 Grave 11 Row Section 3 Division 5 Block

Invoice No.

Acct. No.

W.O. E 6145

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY E. Lang

CREDIT 20% Sales Care	67007 77154		
80% Sales of Lots	100 77154		
Openings & Service Charges	100 77151	320	00
Burial Containers	100 77152	100	00
Recording fees or misc. service fees	100 77153	180	00
Sales Tax	80101 8020	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 8-85)

E6146

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Belcher

in a Liner (Vault/Liner) Funeral, date, time Fri 9/12 2:00

Church, Chapel, Graveside _____; Kagedale Mortuary.

All Funeral cars must 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 95 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33728	856 00
Balance due	-0-

RECEIVED
SEP 11 1986
MT. HOPE CEMETERY

9-11-86

I hereby certify I am the father son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Orval Belcher
Signature of recorded holder of deed

Orval Belcher
Signature
344 West St.
Address
San Diego
State
CA 92113
Zip Code
(619) 2625211
Telephone

Invoice # _____

Work Order # E 6146

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E61146

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIE BELCHER	Male	Oct. 1, 1899	Sept. 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Oreal Belcher - Son 344 South West Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Bl. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: SEP 1 1986 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Powers, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 12 1986 (ENTER DATE)	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 COUNTY OF DEATH: Dept. Of Health Services 1700 Pacific Highway San Diego, California 92101		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

E6146

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33728

Date: 09-11, 1986

From: Robert Belcher Address: 344 West St. Ste 2 Ca 92113

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Willie Belcher services

Lot 95 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O.

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77184	50.00
80% Sales of Lots	100 77184	200.00
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	80101 8020	6.00
TOTAL PAID	$	856.00

AC-212 (Rev. 8-85)

E 6147

MT. HOPE CEMETERY

INTERMENT ORDER

County Case # 13451 City of San Diego

Date 09-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe #1362-86

in a Vault/Liner Funeral, date, time Fri 9/12 1:00

Church, Chapel, Graveside delivery ; So. Ca. Crem. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 41 Grave 1 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund X-Deep Bottom	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature County of SD

Address 5201-A Ruffin Rd

City SD Ca Zip Code 92123

Telephone (Judy)

Invoice # 047038

Acct. # 000952

Work Order # E 6147

PY-593 (REV. 8-86)

PERMIT FOR [redacted]POSITION OF H[redacted]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6147

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#1362-86	Male	Unk.	FOUND 7-1-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	PUBLIC ADMINISTRATOR 5201 RUFFIN RD. SAN DIEGO CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
SOUTHERN CALIFORNIA CREMATION & BURIAL: 7801 Mission Center Ct. San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 12 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Rowe M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: SEP 12 1986 (ENTER DATE)	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 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.

E6147

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. CoS-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/06/86

DATE: 11/06
TIME: 22443
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/CO	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANC
047038	09/17/86	000952	COUNTY OF SAN DIEGO					11/05/86	CK	0407120 15	145.00	145.00	0.
			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

E6147

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 145.00

E6148

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

County Case #13449

Date 09-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane/John Doe -776-86

in a [illegible] Vault/Liner Funeral, date, time

Church, Chapel, Graveside delivery So. Ca. Crem. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 41 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... X-Deep TOP	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number _____	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

County of SD
Signature

5201-A Ruffin Rd
Address

SD Ca 92123
State Zip Code

(Judy)
Telephone

Invoice # _____

Work Order # E 6148

Acct. # 000952

PY-593 (REV. 8-85)

9-15-86

E6148

Museum of man has part of Jane/John Doe for examination! May not release — can use this lot for other indigent later!

E6149

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot(s) for

Date 09-12-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmo Poynter & Georgia Poynter

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 118 Grave 8 & 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ... 2 @ $250 ea	500 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	500 00
Paid receipt number 33731	200 00
10/24/86 33860	300 00
Balance due	150.00
	150 00

PAID
JAN 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-12-86

(over)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Georgia M. Poynter
Signature
5216 Reynolds St
Address
San Diego
State CA Zip Code 92114
Telephone 264-6658

Work Order # E 6149

Invoice # _____

Acct. # _____

PY-583 (REV. 6-85)

#11271

01-12-87 34085

150 00
150 00

— 0 —

E 6149

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR № 33860

OCT 29 1986

Date: 10/22/86, 19

From: Georgia Poynter Address: 5210 Raywood - SD 92114

One Hundred fifty and no/100 Dollars ($ 150.00)

In On acc Payment of On Pre-need - Credit Sale -

Lot 118 Grave 8/9 Row Section 2 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E-6149

Unpaid Balance after this Payment 150.00

Pre-Need ☐ At Need ☐ On Acct ☒

Ck ☒ Cash ☒

3648-46.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

004139

ISSUED BY Georgia Stott

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	150	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 8020		
TOTAL PAID	$	150	00

AC-212 (Rev. 8-85)

$50.00 check # 3725 [illegible]-12-87
$100 cash

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 34085

Date: Jan 12, 1987

From: Georgia Poynter Address: 5210 Reynolds St S.D. 92114

One hundred fifty dollars and NO/100 Dollars ($ 150.00)

In On Account Payment of Pre-need credit Sale (2)

Lot 118 Grave 8/9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6149

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 15 1987

ISSUED BY Dave Lowney

CREDIT 20% Sales Care	67007 77184	100	00
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 11-86)

E6149

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33731

Date: 09-12, 1996

From: Georgia M. Poynter Address: 5-10 Reynolds Ave Ca 92114

Five hundred and no/100 Dollars ($ 200.00)

in part Payment of Pre-need lots for Elmo, and Georgia M. Poynter

Lot 118 Grave 8+9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6149

Unpaid Balance after this Payment $300.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY B. Tang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	200	00

AC-212 (Rev. 6-95)

E 6150

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Garcia

in a Liner (Vault/Liner) Funeral, date, time Wed. 9/17 10:30

Church, Chapel, Graveside _____ ; Cypress Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup 154

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due _____

Phil from Cypress View

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6150

Acct. # _____

PY-593 (REV. 8-85)

6152

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verna Smith

in a T.S. Vault (Vault/Liner) Funeral, date, time 2:00 P.M. 9/17 - Wed

Church, Chapel, Graveside Church + GS ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO . Jerry.

Lot 40 Grave 5 Row — Section 16 Division/Block 7

Grave space & Care Fund	Pre need	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	T.S. Vault (Comite)	175.00
Handling Fees		170.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		10.50
Total Due		710.50
Paid receipt number	33738	710.50
Balance due		0

RECEIVED
SEP 15 1986
MT. HOPE CEMETERY

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bonnie N Knecht
Signature

4715 LUCILLE DR
Address

SAN DIEGO CA 92115
State Zip Code

582-9561
Telephone

Invoice #

Acct. #

Work Order # E 6151

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6152

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VERNA L. SMITH	female	March 19, 1917	Sept 14, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Elizabeth Knechtes - sister 4715 Lucille Drive San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-490

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1 BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 17 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 17 1986 (ENTER DATE)	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 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.

E6152

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3161

No. 33738

Date: 9/15/86, 19

From: Baron Knechtel Address: S.D. 92115

Seven Hundred Ten and 50 Dollars ($ 710.50)

In full Payment of Interment Fees for Verna Smith - Dec

Lot 40 Grave 5 Row ~ Section 16 Division 7 Block

Invoice No. ~

Acct. No. ~

W.O. E-6151

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ 17759 Cash ☐

AC-212 (Rev. 6-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gloyce

CREDIT 20% Sales Care	67007 77184	~	
80% Sales of Lots	100 77184	~	
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77185	205	00
Sales Tax	60101 9030	10	50
TOTAL PAID	$	710	50

E 6152

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renew Lot for James Cavner

Date 9-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 125 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250 00
Paid receipt number 33735	250 00
Balance due	-0-

RECEIVED
SEP 15 1986
MT. HOPE CEMETERY
Paid

9-15-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

James Cavner
Signature
4844 IDAHO ST
Address
SAN DIEGO CAL 92116
State Zip Code
281-1683
Telephone

Invoice # _____

Work Order # E 6152

Acct. # _____

#11305

E6152

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33735

Date: 09-15, 1986

From: James Cramer Address: 4844 Jacob St. S.D. Ca 92116

Two hundred fifty and no/100 Dollars ($ 250.00)

In full Payment of Preneed Lot

Lot 125 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6152

Unpaid Balance after this Payment 0

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY B. Lang

CREDIT 20% Sales Cars	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	250	00

AC-212 (Rev. 6-86)

E6153

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary L. Flett

in a Liner (Vault/Liner) Funeral, date, time Tues 9/16 11:00

Church, Chapel, Graveside ~~Graveside~~ Lewis Col. Mortuary.

All Funeral cars must 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 2548 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1201 00
Paid receipt number 33737	1201 00
Balance due	-0-

RECEIVED
SEP 15 1986
MT. HOPE CEMETERY

9-15-86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Patty Hall
Signature of recorded holder of deed

Brenda Scarcliff
Signature
1127 12th St.
Address
Imp Bch Ca 92032
State Zip Code
[redacted]-561-7726
Telephone

Work Order # E 6153

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E6153

MARY K. McDOUGALL
MARY L. YETT
P. O. BOX 924 583-9605
LAKESIDE, CA 92040

105

Sept 15 1986

90-52/1222

PAY TO THE ORDER OF Mt Hope Cemetary $ 570.00

Five hundred seventy 00/100 DOLLARS

San Diego Trust & Savings Bank

63RD & EL CAJON OFFICE
4690 63RD STREET, SAN DIEGO, CA 92115-4111

MEMO

Mary K McDougall

⑈122200526⑆0105⑈ ⑆03291997⑈

CHARLES G HALL
PATTY A HALL
561-7726
13651 E. LAKEVIEW RD.
LAKESIDE, CA 92040

2808

Sept 18 19 86

16-21/1220

Pay to the order of Mt Hope Cemetary $ 631.00

Six hundred thirty-one 00/100 Dollars

First Interstate

First Interstate Bank
of California #252
475 Fletcher Parkway
P.O. Box 1545
El Cajon, CA 92022-1549

Patty Hall

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6153

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Louise Yett	Female	1/14/26	Sept 12, 1986

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		Patricia Ann Hall Daughter 982 Single Oak Drive Lakeside, California 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	F-480 952

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 16 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Deputy
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED [illegible] WAS MADE ON 9/16/86 (ENTER DATE) 254840	SIGNATURE OF PERSON [illegible] 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 N/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 HUMAN REMAINS ARE [illegible] OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E6153

№ 33737

E6154

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/84

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Garcia

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 9/19/84 - 10:30

Church, Chapel, Graveside Chapel & G.S. ; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 113 Grave 10 Row — Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Liner - Concrete	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

Chapel to Pay 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 interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sandra Lopez
Signature
217 So Evans St
Address
92113
State Zip Code
232-7982
Telephone

Invoice # 048682

Work Order # E 6154

Acct. # 000419

PY-593 (REV. 8-88)

E 6154

George Garcia - dec

Cypress View -
Will Pay us 856 oc

Wed - 10:30 Am Chapel & GS

They need us to
Get Spanish language

Family Coming today

E6154

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
10/21/86	E-6154

TO:

Cypress View Mortuary
3953 Imperial Ave.
San Diego, CA 92113

DESCRIPTION OF CHARGE	AMOUNT
Jorge Manual Garcia Services	
Lot 113, Grave 10, Section 2, Divn 11	$250.00
Opening/Closing	320.00
Concrete Liner	100.00
Handling Fee	145.00
Tax on Liner	6.00
Recording Fee	35.00
Total Due	$856.00

FORM PR-955 (10/64)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6154 FOUND

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jorge Manuel Garcia	Male	July 15, 1951	Sept. 12, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sandra Garcia - Sister 217 Evans Street San Diego, CA. ~~92102~~ 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham-Brothers 3953 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: SEP 16 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald S. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: SEP 17 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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.

OFFICIAL RECEIPT

11/18/86

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ E6154 33936

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 11-17, 1986

From: El Camino Mem. Pk. Address: 5600 Carroll Canyon Rd. SD Ca 92121

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Jorge Manuel Garcia Invoice

Lot 113 Grave 10 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. 048682

Acct. No. 000419

W.O. E-6154

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	65033 9022		
Sales Tax	60101 79390		
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

E6154

048682 10/31/86 000419 CYPRESS VIEW MORTUARY

E6154

100	072	77181	000072	11/17/86 CK E6154	856.00	856.00	0.00
100	072	77182	000072		320.00		
100	072	77183	000072		100.00		
100	072	77184	000072		180.00		
60101		9020			200.00		
67007		77184			6.00		
					50.00		

PAID IN FULL

E 6155

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abigail Wright

in a TS Vault (Vault/Liner) Funeral, date, time Fri 9/19 2:00

Church, Chapel, Graveside _____ ; Bagsdale Mortuary.

All Funeral cars must 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 83 Grave 11 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	1205 50
Paid receipt number 33740	900 00
Balance due	305 50
33872	305 50
	0 -

PAID
OCT 27 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-15-86
10-27-86

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.

Liddell M. Mitchell
Signature of recorded holder of deed

Liddell M. Mitchell
Signature
3942 Newton Ave
Address
San Diego Ca 92113
City State Zip Code
263-4170
Telephone

Work Order # E 6155

Invoice # _____

Acct. # _____

PY-593 (REV. 8-68)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6155

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ABIGAIL WRIGHT	Female	July 8, 1914	Sept. 13, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Liddell Mitchell - Daughter 3942 Newton Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: SEP 17 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 19 1986 (ENTER DATE)

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 COUNTY OF DEATH

Dept. Of Health Services
1700 Pacific Highway
San Diego, California 92101

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

E6155

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33872

Date: 10-27, 1986

From: Liddell M Mitchell Address: 3943 Newton Ave SDCA 92113

Three hundred five and 50/100 — Dollars ($ 305.50)

In full Payment of Abigail Wright Service

Lot 83 Grave 11 Row Section 17 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6155

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☒
Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182	90	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	60101 6020	10	50
TOTAL PAID	$	305	50

AC-212 (Rev. 8-85)

E6155

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 33740

Date: 09-15, 19 86

From: Liddell M. Mitchell Address: 394 Newton Ave. Sta 92113

Nine hundred and one/100 Dollars ($ 900 —)

In part Payment of Abigail Wright

Lot 83 Grave 11 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6155

Unpaid Balance after this Payment $315.50

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY R. Sang

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	45	00
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9000		
TOTAL PAID	$	900	00

AC-212 (Rev. 8-85)

E6156

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dee Dee A. Linda

in a Concrete Urn (Vault/Liner) Funeral, date, time Wed. 9/17. AM

Church, Chapel, Graveside _____ ; Neels Brea Mortuary.

All Funeral cars must 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 238 Grave ~~238~~ Row _____ Section 2 Division/Block 8

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33742	242.40
Balance due	0

RECEIVED
SEP 15 1986
MT. HOPE CEMETERY

Paid

9-15-86

I hereby certify I am the From attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

OK. Gus-

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6156

PY-593 (REV. 8-85)

E4156

Neels Brea Mortuary

September 11, 1986

NEEL FUNERAL DIRECTORS, INC.
Established 1911

President
CAROL D. WEDDLE

Vice President
JEFFREY D. WEDDLE

Treasurer
VTHA NEEL WEDDLE

Secretary
VIVIAN H. WEDDLE

Assistant Secretary
THAYER D. WEDDLE

Mt. Hope Cemetery
3751 Market Street
San Diego, California 92102

Gentlemen:

Enclosed is a check for $242.40 to inter the cremated remains of Dee Dee A. Linda, who died August 30, 1986 at Bullhead Community Hospital, Bullhead City, Arizona. The cremains will be mailed to you from Loma Vista Crematory in Fullerton, California.

Mrs. Linda is to be interred in the grave of her sister, Jean Marie Lindner (Kertz), Grave 238, Section #2, Division #8. The legal next of kin for your records is her husband, Michael Linda, who resides at 1275 North Gilbert #98, Fullerton, California 92633.

Thank you for your cooperation in this matter.

Sincerely,

Carol D. Weddle

CDW:jc
Enclosure

835 South Brea Boulevard • Brea, California 92621-5386 • (714) 529-2194 • (213) 694-3974

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6156

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dee Dee Annette Linda	Female	May 21, 1970	August 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Bullhead City	Arizona	Michael Linda (Husband) 1275 N. Gilbert #98 Fullerton, CA 92633

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Neels Brea Mortuary, 835 S. Brea Bl., Brea, CA	623

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3850 Imperial Avenue, San Diego, CA	COUNTY: San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Loma Vista, Fullerton, CA	DATE CREMATED: 9-9-1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ C. Rayner
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY 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 remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 0 8 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 9/8/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Post Office Box 3887, Phoenix, Arizona 85030		

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.

E6156

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33742

Date: 9/15/86, 19

From: Benjamin H Bebby Address: 1837 W. Orangethorpe Fullerton 92633

Two Hundred Sixty Two and 40/100- Dollars ($ 262.40)

In full Payment of Lot 238 Grave Row Section 2 Division Block 8

Invoice No.

Acct. No.

W.O. E 6156

Unpaid Balance after this Payment -0-

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY Brian

CREDIT 30% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	165	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	9	50
Sales Tax	60101 9020	7	90
TOTAL PAID	$	262	40

E6157

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guey Woo

in a FS Vault (Vault/Liner) Funeral, date, time Wed. 9/17 2:00

Church, Chapel, Graveside ; Clairemont Mortuary.

All Funeral cars must 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 3 Row 6 Section I Division/~~Block~~ CHI

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 33749	710.50
Balance due	0

RECEIVED
SEP 17 1986
MT. HOPE CEMETERY

Called by Dorothy @ Clairemont

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature [signature]
Address 705 South 4th St
State El Centro, Ca Zip Code
Telephone 92243

Invoice # _____

Work Order # E 6157

Acct. # _____

PY-693 (REV. 8-86)

Albert Wong - 271-3322

E6157

MOUNT HOPE CEMETERY

15 September 1986 19

The undersigned hereby requests and authorizes the interment of the remains of GUEY CHAW WOO in Lot Gr #3 Row #6 Sec. CHINESE Block Division in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

by ALBERT WONG,
Treasurer

Signature of relative or legal representative

Address & relationship to deceased

authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

Witness

Witness

美國中華會館

E6157

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No. 33749

Date: 9/17/86, 19

From: Jack Y Woo Address: El Centro Ca

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for Gladys Woo - dec

Lot — Grave 3 Row 6 Section I Division Block Chi

Invoice No. —

Acct. No. —

W.O. E6157

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-86) 84

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

Paid
OF CITY AUDITOR
SEP 2 : 1986

ISSUED BY Georgette

CREDIT 20% Sales Care	97007 77184	—	—
80% Sales of Lots	100 77184	—	—
Openings & Service Charges	100 77181	320	—
Burial Concessions	100 77182	175	00
Resetting fees or misc. service fees	100 77183	205	00
Sales Tax	90101 9020	10	50
TOTAL PAID		710	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

7 E6157

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Aka Ock Wong Guey Chan Woo	Male	Jan. 7, 1916	Sept. 11, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Yack Woo-Cousin 705 Southwith Street El Centeno, California 92243½

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortt, 4266 Mt. Abernathy Ave., San Diego, CA	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3750 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 17 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Rooney, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/17/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lenzen Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

6158

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Force

in a ~~Vault/Liner~~ Funeral, date, time Tues 9/16

Church, Chapel, Graveside Delivery ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____

✓ Lot 3323 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund (Double Ash) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup 105 00

Burial Container ____

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee 35 00

Sales taxes ____

RECEIVED
SEP 16 1986
MT. HOPE CEMETERY
Paid

Total Due 140 00

Paid receipt number 33745 140 00

Balance due -0-

9-16-86
left side

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Signature ____

Address ____

State ____ Zip Code ____

Telephone ____

Invoice # ____

Work Order # E 6158

Acct. # ____

PY-593 (REV. 8-85)

CREMATION RECORD No. R-135

Name CLARENCE ARNOLD FORCE

Place of Death SAN DIEGO, CALIFORNIA

Date of Cremation 9/14/26

Mortician ROGERS MORTUARY

LENEDA INC.
CREMATORY
DEL

14065 Old Hwy. 80
P.O. Box 2308

El Cajon, CA 92021

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66158

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLARENCE ARNOLD FORCE	Male	Sept. 13,1893	Sept. 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clarence Force - Self (pre-need)

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave./San Diego CA	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery- 3751 Market St. -San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Leneda Crematory-14065 Olde Highway 80	DATE CREMATED: 9/14/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00 / DATE PERMIT ISSUED: SEP 11 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 16 1986 (ENTER DATE)	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 COUNTY OF DEATH		

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.

Pink not returned

E6158

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33745

Date: 09-16, 19 86

From: Rogers Mortuary Address: 4091 University Ave SD 92105

One hundred forty and [illegible] Dollars ($ 140.00)

In full Payment of Marine Force [illegible]

Lot 3323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6158

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY B. [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	35	00
Sales Tax	60101 9080		
TOTAL PAID	$	140	00

AC-212 (Rev. 8-85)

E6159

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Womack Sr

in a Liner Vault/Liner Funeral, date, time Thurs. 9/18 1:00

Church, Chapel, Graveside ____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 114 Grave 4 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33746	856 00
Balance due	-0-

RECEIVED SEP 16 1986 MT. HOPE CEMETERY Paid

9-16-86

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Marion Womack
Signature of recorded holder of deed

Marion Womack
Signature
8951 Jamacha Rd
Address
S.V. 92077
State Zip Code
464-6701
Telephone

Invoice # ____

Work Order # E 6159

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6159

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARION WOMACK, SR.	Male	Sept. 22, 1943	Sept. 14, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Zola Womack - Wife 3743 Beta Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED SEP 17 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 18 1986 (ENTER DATE)	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 COUNTY OF DEATH	Dept. Of Health Services 1700 [illegible] Highway San Diego, California 92101	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

Pink not returned

E6159

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33746

Date: 09-16, 19 16

From: Marion Domecq Jr. Address: 1951 Jamacha Rd. [illegible]

Eight hundred [illegible] and [illegible] Dollars ($ 856.00)

In Cu Payment of Marion Domecq Jr. Service

Lot 114 Grave 4 Row Section 6 Division Block 21

Invoice No.

Acct. No.

W.O. E6159

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	300	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	100	
Sales Tax	60101 9020	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 8-85)

E6160

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-17-86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Thomas Gordon

in a Asb Vault (Vault/Liner) Funeral, date, time Mon 9/29 PM

Church, Chapel, Graveside Delivery ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 7 Grave 9 Row ____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund	Prenead
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	242 40
Paid receipt number 33769	242 40
Balance due	0

PAID
SEP 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-26-86

Head - left

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Center or foot available for more remains

Work Order # E 6160

Invoice # ____

Acct. # ____

PY-563 (REV. 8-86)

E6160

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33769

Date: 09-26, 19 86

From: Heath Funeral Home Address: 611 Highland Ave N.C. Ca 92050

Two hundred forty two and 40/100 — Dollars ($ 242.40)

In full Payment of Thomas Gordon Trucker

Lot 7 Grave 9 Row Section 15 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-6160

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 0 2 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77194		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	115	00
Burial Containers	100 77182	48	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 9020	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 8-85)

RECEIVED

PERMIT FOR DISPOSITION OF HUMAN REMAINS

H 114
E 61160

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THOMAS HARDY GORDON	MALE	FEB. 6, 1907	SEPT. 16, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Michael E. Gordon - Son 5735 Shaw Street San Diego, CA 92139

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Lamda Crematory, 14065 Olde Highway 80 El Cajon, CA	DATE CREMATED Sept 22 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 19 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold E. Reeves, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE)	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 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.

E6161

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-18-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph E. Sharp Sr

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 9/22 AM

Church, Chapel, Graveside delivery Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1906 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33757	242.40
Balance due	-0-

RECEIVED
SEP 18 1986
MT. HOPE CEMETERY

Paid

9-18-86

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.

Ralph Ed Sharp
Signature of recorded holder of deed

Ralph Ed Sharp
Signature

1060 Kam Hwy A1101
Address

Pearl City Hi 96782
State Zip Code

808 455 3778
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6161

PY-693 (REV. 8-85)

Beautiful Copper urn - in vault safe

E6161

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33751

A 1101

Date: 09-18, 1986

From: Ralph E. Sharp Address: 1160 Kam Hwy Pearl City Hi 96782

two hundred forty two and 40/100 Dollars ($ 242.40)

in full Payment of Ralph E. Sharp Services

Lot 1916 Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E6161

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 22 1986

Paid

ISSUED BY B. Long

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 5050	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6161

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ralph Eugene Sharp	Male	July 10, 1915	Jan. 4, 1981

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Roberta Sharp, Wife 1815 Sweetwater Road, Space 157 Spring Valley CA 92077

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☒ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, I-805 & Imperial Ave., San Diego, CA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Private family residence, 6161 A Heron Avenue, Ewa Beach, Hawaii 96706		Unknown
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Roberta K. Sharp DATE SIGNED January 5, 1981
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $2.00	DATE PERMIT ISSUED JAN 6 1981
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Comras, M.D. LR

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

E6161

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 8000 069 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Ralph	1B. MIDDLE: Eugene	1C. LAST: Sharp	2A. DATE OF DEATH (MONTH, DAY, YEAR): January 4, 1981	2B. HOUR: 0331	
3. SEX: Male	4. RACE: Caucasian	5. ETHNICITY: ---	6. DATE OF BIRTH: July 10, 1915	7. AGE: 65 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): OH	9. NAME AND BIRTHPLACE OF FATHER: Carl C. Sharp-OH		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary O. Bell-IN		
11. CITIZEN OF WHAT COUNTRY: USA	12. SOCIAL SECURITY NUMBER: 271-12-9962	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Roberta Wynne		
15. PRIMARY OCCUPATION: Assembler	16. NUMBER OF YEARS THIS OCCUPATION: 27	17. EMPLOYER (IF SELF EMPLOYED, SO STATE): Rohr Industries	18. KIND OF INDUSTRY OR BUSINESS: Aircraft		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1815 Sweetwater Road, Space 157	19B.	19C. CITY OR TOWN: Spring Valley			
19D. COUNTY: San Diego	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Roberta Sharp-Wife 1815 Sweetwater Road, Space 157 Spring Valley, California 92077			
21A. PLACE OF DEATH: Grossmont Hospital	21B. COUNTY: San Diego				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5555 Grossmont Center Drive	21D. CITY OR TOWN: La Mesa				

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) Cardiac failure, acute
DUE TO, OR AS A CONSEQUENCE OF
(B) Coronary insufficiency
DUE TO, OR AS A CONSEQUENCE OF
(C) Arteriosclerosis, coronary, advanced

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? TYPE OF OPERATION: No — DATE

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)
I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION): Investigation
35B. CORONER—SIGNATURE AND TITLE: David J. Stark
DAVID J. STARK, Coroner
35C. DATE SIGNED: 1-9-81

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	1/6/1981	Greenwood Crematory, I-805 & Imperial Avenue, San Diego, CA	3562 John Mulla

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Greenwood Mortuary
41. LOCAL REGISTRAR—SIGNATURE: Ronald L. Ramos, M.D. by
42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 6 1981

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

SAN DIEGO DEPARTMENT OF PUBLIC HEALTH 1700 Pacific Hwy, SAN DIEGO, CA 92101

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

Ronald L. Ramos, M.D. REGISTRAR

FEE PAID: $3.00

DATED: JAN 8 1981

E6162

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mortuary to bring check

Date 09-18-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys E. George

in a Bellliner Vault/Liner Funeral, date, time Mon 9/22 11:00

Church, Chapel, Graveside Delivery ; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2102 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... C-2743 Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 6 00

PAID
SEP 22 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by 9-22-86 Jerry Meadows

Total Due 606 00

Paid receipt number 33756 606 00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature*

Address

State Zip Code

Telephone*

Invoice # _____

Work Order # E 6162

Acct. # _____

PY-553 (REV. 8-85)

E6162

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33756

Date: 09-22, 1986

From: Imelda Degman Address: 3517 Central Ave. S.D. Ca 92105

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Gladys E. George services

Lot 2162 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E6162

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 50% Sales Care	87007 77184	
50% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	60101 9030	6.00
TOTAL PAID	$	606.00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6162

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gladys E George	Female	10-28-02	9-18-86

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, CA	San Diego	Mel Degnan - Conservator 3675 Collier Ave San Diego, CA 92116

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Banbough Mortuary	F 480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00±	DATE PERMIT ISSUED SEP 19 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 22 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	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.

E6163

In Vault in Office

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of King W. Ellis

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 10/2 AM

Church, Chapel, Graveside Delivery ; Telephone Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 28 Grave 6 Row _____ Section 2 Division/~~Block~~ 2

Grave space & Care Fund	Prenead
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33775	242.40
Balance due	-0-

PAID
SEP 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-29-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

For Cora P. Ellis
Signature

5936 Lake Murray Bl
Address

La Mesa Ca 92041
State Zip Code

469-5701
Telephone

call when done →

Invoice # _____

Work Order # E 6163

Acct. # _____

PY-593 (REV. 8-85)

E6163

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33775

Date: 09-29, 1986

From: Cora P. Ellis Address: 5936 Lake Murray Blvd LMCA

two hundred forty two and 40/100 Dollars ($ 242.40 92041)

In full Payment of King W. Ellis Services

Lot 28 Grave 6 Row Section 2 Division Block 2

Invoice No.

Acct. No.

W.O. E 6163

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 30% Sales Cars	67007 77184		
50% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 5030	2	40
TOTAL PAID	$	242	40

23794

E6163

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
King William Ellis	Male	9-25-1909	9-19-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	PRENEED TELOPHASE: 5936 Lake Murray Blvd. La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
THE TELOPHASE SOCIETY 1333 Camino Del Rio S.#105 San Diego,CA	F 1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt.Hope Cemetery 3751 Market St.San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY 2299 S.Manchester ANAHEIM,CA.	DATE CREMATED: 9-20-86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ David H. Cady
BURIAL AT SEA OR *DISPOSITION OTHER* THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: PRENEED TELOPHASE BY: ▶ Lloyd M. Monroe DATE SIGNED: Sept. 19,1986
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 19 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 2 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/A		

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

E 6164

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Creditors Claim

Date 09-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Sutton

in a liner (Vault/Liner) Funeral, date, time Mon 9/29 2:00

Church, Chapel, Graveside Delivery ; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 103 Grave 6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00

Called by Jerry Meadows

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

X Philip H McCaffrey
Signature

X 36 Park Pl apt #9
Address

X San Diego Ca 92103
State Zip Code

X 291-0408
Telephone

Invoice # 048687

Acct. # 019453

Work Order # E 6164

PY-683 (REV. 6-86)

Atty James Pierik
239-9194

E6164

James P. Pierik
A PROFESSIONAL CORPORATION
ATTORNEY AT LAW
SUITE 1705 THE CHAMBER BUILDING
110 WEST C STREET
SAN DIEGO, CALIFORNIA 92101

AREA CODE 619
TELEPHONE: 239-9194

To: Mount Hope Cemetery
Attention: Barbara
3751 Market Street
San Diego, CA 92102

Date: September 24, 1986

Re: John G. Sutton, Deceased

Enclosures: Interment Order

XX	For your files/information
XX	For your action
_____	Please telephone regarding this matter
_____	Please review and comment
_____	Please sign and return to this office
_____	Please return conformed copies to this office
_____	In accordance with your request
_____	Please mark your calendar

The creditor's claim can be submitted through this office.

Very truly yours,

LeAnne D. Lowe

LeAnne D. Lowe
Secretary to JAMES P. PIERIK

ldl

E 61164

Original
sent to
Jerry @
Lewis
Colonial
9-22-86

E6164

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-19-86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of John Sutton

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside Delivery ; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	3.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

Called by Jerry Meadows

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6164

Acct. # _____

PY-583 (REV. 8-88)

We select

_____

Creditors claim papers to be given to Lewis for signature Monday

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E61164

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN [illegible] SUTTON	male	Jan 10, 1901	Sept 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Phil McCaffrey - executor 3620 Park Blvd. #9 San Diego, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - 3751 Market St. San Diego, CA

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: $3.00

DATE PERMIT ISSUED: SEP 29 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Harold L. Ramos, M. Smith

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE)

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 COUNTY OF DEATH: n/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

E61164

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
Phil McCaffrey - Executor c/o James P. Pierik, Atty at Law Ste 1705 The Chamber Bldg 110 West 'C' St.,SD,CA 92101		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
ESTATE OF (NAME): John NMN Sutton DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER:

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim: $ 856.00 + interess
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [XXX] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 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 payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 10/21/1986

George W. Stelter, Cemetery Manager — George W Stelter
(TYPE OR PRINT NAME AND TITLE) (SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME) (SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

(OVER)

Form Approved by the Judicial Council of California DE-170 (Rev. January 1, 1985)

CREDITOR'S CLAIM (Probate)

Prob C 705-708, 710, 712-714, 717

PR17 1-85

ESTATE OF (NAME):	CASE NUMBER
John NMN Sutton — Decedent	

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the note or instrument must be attached. If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to state the date, book and page, and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
X 09/29/1986	X John NMN Sutton Services	X
	Lot 103 Grave 6 Section 2 Division 11	$250.00
	Opening/Closing	320.00
	Concrete Liner	100.00
	Handling Fee	145.00
	Tax on Liner	6.00
	Recording Fee	35.00
	X TOTAL	X $ 856.00

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "...costs of funeral services, together with interest thereon from 60 days after date of death, shall be considered as part of the funeral expenses..."

Monthly interest in the amount of $8.56

will be added starting 11-24-86

E6164

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) TELEPHONE NO.

Phil McCaffrey - Executor c/o
James P. Pierik, Atty at Law
Ste 1705 The Chamber Bldg
110 West 'C' St.,SD,CA 92101

ATTORNEY FOR (Name)

FOR COURT USE ONLY

Filed for approval: (date) (Deputy)

Duplicate mailed: (date) (Deputy)

Presented to court for approval: (date) (Deputy)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

ESTATE OF (NAME):

X John NMN Sutton DECEDENT

CASE NUMBER:

CREDITOR'S CLAIM*

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

X 1. Total amount of the claim: $ 856.00 + interest

X 2. Claimant (name): Mt. Hope Cemetery

a. [XX] an individual.

b. [ ] an individual or entity doing business under the fictitious name of (specify):

c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.

d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.

X 3. Address of claimant (specify): 3751 Martin L. King Way (Formerly Market St.)
San Diego,CA 92102

X 4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 10/21/1986

X George W. Stelter, Cemetery Manager X George W. Stelter
(TYPE OR PRINT NAME AND TITLE) (SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters: 11/5/86
6. Date of death: 9/10/86
7. This claim was presented on (date): 11/10/86
8. Estimated value of estate: $688,000.00

9. [X] Claim is allowed for: $ 856.00
[ ] Claim is rejected for: $

10. [X] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

Phillip H. McCaffrey
(TYPE OR PRINT NAME)

▶ Phillip H. McCaffrey
(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

▶
SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

(OVER)

ESTATE OF (NAME):	CASE NUMBER
John NMN Sutton Decedent	

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the note or instrument must be attached. If secured by mortgage deed of trust, or other lien on property that is of record, it is sufficient to state the date, book and page, and county where recorded

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
X 09/29/1986	X John NMN Sutton Services	X
	Lot 103 Grave 6 Section 2 Division 11	$250.00
	Opening/Closing	320.00
	Concrete Liner	100.00
	Handling Fee	145.00
	Tax on Liner	6.00
	Recording Fee	35.00
	X TOTAL	X $ 856.00

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "...costs of funeral services, together with interest thereon from 60 days after date of death, shall be considered as part of the funeral expenses..."

Monthly interest in the amount of $8.56 will be added starting 11-24-86

OFFICIAL RECEIPT

11/28/86

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 33953
E6164

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 11-25 19 86

From: Estate of John Sutton Address: 3620 Park Blvd SDCa 92103

Eight Hundred Fifty six and no/00 Dollars ($ 856.00)

In full Payment of John Sutton Services

Lot 103 Grave 6 Row Section 2 Division 11 Block

Invoice No. 048687

Acct. No. 019453

W.O. E6164

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	856	00

E61164

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/28/86

DATE: 11/28/86
TIME: 215750
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048687	10/31/86	019453	ESTATE OF JOHN SUTTON					11/25/86	CK	82	856.00	856.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				180.00		
			100	072		77184	000072				200.00		
			60101			9020					6.00		
			67007			77184					50.00		

E61164

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 856.00

E 6165

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olga Sutton in a TS Vault (Vault/Liner) Funeral, date, time ____ Church, Chapel, Graveside ____ : Rogers Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 84 Grave 11 Row ____ Section 16 Division/Block 7

Grave space & Care Fund ..... D-2850 Preneed

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 175 00

Handling Fees 170 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 10 50

Total Due 710 50

Paid receipt number ____

Balance due ____

Preneed at Rogers

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Signature ____

Address ____

State ____ Zip Code ____

Telephone ____

Invoice # ____

Acct. # ____

Work Order # E 6165

PY-585 (REV. 5-85)

E6186

Called by Mr. Humphrey

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Karr

in a Ash Vault Funeral, date, time Fri 9/26 10:30

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 90 Grave 2 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund	A-6807 Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker set in	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number	33768 242.40
Balance due	

PAID
SEP 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Humphrey Mortuary
Idaho (208) 587-3067

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Mrs. Marionne Finney

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

MARY ANN FINNEY
Signature

965 N. 13th E.
Address

MTN. HOME IDAHO 83647
State Zip Code

208-587-8722
Telephone

Coming by Federal Express

Invoice # _____

Work Order # E 6166

Acct. # _____

PY-593 (REV. 8-85)

E6166

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33768

965 N. 13th East

Date: 09-26, 1986

From: Mary Ann Finney Address: Mtn Home, Idaho 83647

Two Hundred Forty Two and 40/100 — Dollars ($ 242.40)

In full Payment of Juanita Kare Services

Lot 90 Grave 2 Row Section 2 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E6166

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	00101 9020	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 8-85)

State of Idaho

AUTHORIZATION FOR FINAL DISPOSITION — TRANSIT PERMIT

E6166

DECEDENT

DECEDENT — NAME (First)	(Middle)	(Last)	SEX	DATE OF DEATH (Mo., Day, Yr.)
1. Junita		Karr	2. Female	3. Sept. 21, 1986

RACE - (White, Black, American Indian, Japanese, etc.)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
4. White	5. 88	5a.	5b.	6. July 13, 1898	7. Elmore

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — Name (If not in either, give street and number)	IF HOSP. OR INST. Indicate if DOA/Emer. Rm., Inpatient (Specify)
8. Mountain hOme	9. Elmore Memorial Nursing Home	10. Inpatient

INSTRUCTIONS FOR FOUR PART FORM

24 HOUR REPORT OF DEATH (PINK)

1. In every case a Report of Death must be mailed (or otherwise filed with) the Local Registrar of the district in which death occurred within 24 hours after taking possession of the body.

AUTHORIZATION FOR FINAL DISPOSITION - TRANSIT PERMIT (YELLOW)

2. For all cases except cremation, out-of-state transport or coroner's case, only the mortician's signature is necessary for final disposition.
3. If body is to be transported out-of-state, is a coroner's case, or is to be cremated (also see #4), the death certificate and this authorization must be signed by the person responsible for certifying to the cause of death.
4. If the body is to be cremated, the coroner must give additional authorization on the Final Disposition Form only.

CERTIFICATE OF DEATH (WHITE)

5. A completed death certificate must be filed with the Local Registrar where death occurred within five (5) days from the date of death.

MORTICIAN'S DEATH RECORD (BLUE) - For mortician's use.

DISPOSITION

BURIAL, CREMATION, OUT OF STATE REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY — NAME	LOCATION — CITY OR TOWN — STATE
11. Cremation	12. Sept.22,1986	13. Cloverdale Crematory	14. Boise, Idaho

MORTICIAN (Signature)	LICENSE NO.	NAME OF FACILITY	ADDRESS OF FACILITY — ZIP
15. ► H. Wad Humphreys	M-502	16. Humpherys Funeral Home	17. Mountain Home, Id. 83647

CERTIFIER'S AUTHORIZATION FOR DISPOSAL

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE

To be Completed by ATTENDING PHYSICIAN Only

21a. I hereby certify that I attended the deceased from _____ to _____;

I last saw the deceased alive on _____. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) ►

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b.	21c.

To be Completed by CORONER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

(Coroner's Signature) ► H. Wad Humphreys

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
22b.	22c. M

PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
22d. ON	22e. AT M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)

23. Michael Koelsch M.D., 805 N. 6th E., Mountain Home, Id. 83647

MORTICIAN'S RESPONSIBILITY

DISPOSITION

☐ Burial ☑ Cremation ☐ Removal (out-of-state transport) ☐ Entombment ☐ Scientific Use ☐ Other _____

I have obtained the signatures required in Idaho Code 39-266 for Authorization for Final Disposition.

H. Wad Humphreys
Mortician or person acting as mortician (signature)

Person receiving the remains if transferred (signature)

HWH-02/6 revised 12-86

This form must accompany the body to final disposition, including interment, storage, cremation and transportation.

To Crematory Manager: Do not cremate the body without the coroner's signature on this form.

At a minimum, complete items 1, 3, 7a, b, c, d; and 20a, b, c; 23 and Mortician's Responsibility for the Authorization For Final Disposition

CLOVERDALE CREMATORY
1200 N. Cloverdale Road Boise, Idaho 83704

CREMATION AUTHORIZATION

Date: Sept 21 1986 Cremation No. 2101

You are hereby authorized and directed, subject to your rules and regulations to cremate the remains of:

JUANITA KARR

My relationship to that of the deceased is that of: DAUGHTER

Upon my oath, and under penalty of law, I hereby affirm that to the best of my knowledge there is no other person having prior right to give authorization and to control the remains of the above named decedent except _____ who has given me written or telegraphic instructions to sign the foregoing authority, the original of which I herewith file with the Crematorium.

CREMATION DISCLOSURE

The following information concerning the cremation process is provided by Cloverdale Crematory. This service is subject to the following terms and conditions:

1. The body presented to Cloverdale Crematory is that of the named deceased.
2. Certain heart pacemakers subjected to the intense heat of the crematory could explode. The signator to this cremation authorization assumes total responsibility for damages or injury sustained to persons or facilities resulting from said explosion.
3. For sanitation purposes it is the policy of Cloverdale Crematory that the body must be enclosed in a rigid container.
4. All prosthesis (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed. Gold inlays and fillings, rings and other jewelry will lose their identity and will also be discarded.
5. The bulk of the cremated remains will be returned. However, some will be lost during the processing for containerization.
6. Pulverization of the cremated remains is part of the cremation process. However, some of the cremated remains may be recognizable as particular bone fragments.
7. The cremated remains will be returned in a plastic urn unless otherwise specified.
8. Cloverdale Crematory is not responsible for any loss or delay of cremated remains by the U.S. Postal Service or other transportation services.

I HEREBY CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE.
Do not sign this form without reading the above.

Please initial the boxes after reading each section.

Pacemaker ☐ Has the deceased been fitted with a pacemaker? ____ Yes ✓ No
If yes, I hereby authorize the removal of any heart pacemaker by the Funeral Director in charge, or authorized persons, before delivery to the Crematorium.

Shipment (if required) ☑ The undersigned hereby authorizes Crematorium to deliver the cremated remains via insured U.S. Mail to the addressee designated below and agrees to assume all liability for any damages that may be incurred during said delivery.

Personal Possessions ☑ I certify that any and all personal possessions of value to the family have been removed from or will be removed from the deceased except _____

Return to ☐ Cremated Remains are to be (mailed to/picked up by)
Mtn. Hope Cem.
Market St. San Diego, Calif.

Name Mary Ann Finney Signature MARY ANN FINNEY
Address 965 N. 13th E City Mtn Home State Id Zip 83647

Witness/Name Mary E Shutters
Signature MARY E W. THERS

Funeral Director/Name H. VERL Humphreys
Signature H. Verl Humphreys

Mortuary Name Humphreys FUNERAL HOME
Address 490 E. 2nd N. City Mtn Home State Id Zip 83647

E 6167

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Sec. 2, Date 09-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dan Robinson in a Double Crypt Vault/Liner Funeral, date, time Tue 9/23 12:00 Church, Chapel, Graveside Church of S.S. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

✓ Lot 1086 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	19.80
Total Due	1619.80
Paid receipt number 33755	1619.80
Balance due	-0-

PAID
SEP 22 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-22-86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mildred L Robinson
Signature
2160 Irving Ave
Address
S.D. Ca 92113
State Zip Code
233-3355
Telephone

Invoice # ____

Work Order # E 6167

Acct. # ____

PY-693 (REV. 8-86)

#11307

E6167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33755

Date: 9/22/86, 19__

From: Mildred I Robinson Address: 2160 Irving Ave Sd Ca 92113

Sixteen hundred nineteen and 80/100 Dollars ($ 1619 80)

In full Payment of Interment fee and Space and Double Crypt for Dan G & Wife —

Lot 1086 Grave — Row — Section — Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E-6167

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	330	00
Recording fees or misc. service fees	100 77183	355	00
Sales Tax	80101 9020	19	80
TOTAL PAID	$	1619	80

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6167

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAN G. ROBINSON DAN ROBINSON	Male	June 26, 1907	Sept. 18, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Mildred I. Robinson - Wife 2160 Irving Avenue San Diego, Ca. 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Robinson-Ragsdale Mort.; San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: SEP 23 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 23 1986 (ENTER DATE) 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 COUNTY OF DEATH Dept. Of Health Services 1700 Pacific Highway San Diego, California 92101		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

E6167

№ 33974

6167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Dec 4, 1986

From: Mildred Robinson Address: 2160 Irving Ave San Diego 92113

One hundred twenty-five dollars Dollars ($ 125.00)

In full Payment of Stone instalation for Dan G. Robinson

Lot 1086 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6167

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave Lowney

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	125	00

AC-212 (Rev. 11-86)

ck #2/3 Dec 4th 86
BA check

E 6168

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-22-86

SHEARER

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verna E. Shearer

in a liner Vault/Liner Funeral, date, time Wed 9/24 at 1 P.M.

Church, Chapel, Graveside Chpl. G.S. ; Opened Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 20 Grave ____ Row ____ Section 100F Division/Block 31

Grave space & Care Fund	Paid	
Additional spaces and care fund		
Opening/Closing & Setup Lower Level -	PD	
Burial Container	24623	
Handling Fees		
Flower vases, marker setting fee		
Recording/Permit fee		35.00
Sales taxes		
Total Due		35.00
Paid receipt number 33754		35.00
Balance due		0

PAID
SEP 22 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Dorothy Barajas
Signature
752 Johnson Ave.
Address
California 92114
State Zip Code
262-6340
Telephone

Work Order # E 6168

Invoice # ____

Acct. # ____

PY-593 (REV. 9-86)

E6168

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No. 24599

DATE 4-15 19 77

FROM Earl Shearer ADDRESS 7151 London Ln. Apt. A-6

Eighty & no/100 DOLLARS ($ 80.00)

IN full PAYMENT OF P. F. P Chgs.

LOT 20 GRAVE ROW SECTION 100F ~~DIVISION~~ BLOCK 31

INVOICE NO. CASH

W.O. D-7997

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
APR 15 1977
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R. Ledbetter

CREDIT	306	
SALES CARE	951	
HALF SALES OF LOTS	100 7784	80 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		80 00

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No. 24623

DATE 4-25 19

FROM Earl Shearer ADDRESS

Four hundred sixty & 00/100 DOLLARS ($ 460.00)

IN full PAYMENT OF Pre-Need Cem. chgs.

(2 openings - 2 liners)

LOT 20 GRAVE ROW SECTION 100F ~~DIVISION~~ BLOCK 3

INVOICE NO. CASH

W.O. D-8017

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
APR 25 1977
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R. Ledbetter

CREDIT	306	
SALES CARE	951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	270
BOXES	100 7782	190
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		460

E 6168

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33754

Date: 9/22/86, 19

From: Dorothy Baraja Address: 1222 Hilger St - SD - 92114

Thirty five & 00/100 Dollars ($ 35.00)

In full Payment of Interment Recording fee - Service Paid in 1977

Lot 20 Grave Row Section 100F ~~Division~~ Block 31

Invoice No.

Acct. No.

W.O. E-6168

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY [signature]

CREDIT 50% Sales Care	67007 77184	
50% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	35
Sales Tax	60101 9020	
TOTAL PAID	$	35 00

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6168

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VERNA ELIZABETH SHEARER	Female	Feb 10, 1910	Sept. 20, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Dorothy M. Barajas - Daughter 752 Joanna Drive San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 23 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold A. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 24 1986 (ENTER DATE)	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 COUNTY OF DEATH N/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

E 6169

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Will bring check tomorrow

Date 09-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles C. Jones

in a Liner (Vault/Liner) Funeral, date, time Tues. 9/23 2:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 41 Grave 11 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33761	856 00
Balance due	-0-

PAID
SEP 23 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

We Select
9-23-86

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.

Signature: Calvin Jones
Address: 6223 Benson St
City: San Diego 92114 Zip Code
Telephone: 262-0379

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6169

Acct. # ____

PY-583 (REV. 8-85)

Check on # 33761
bounced

another issued
from M. Jones

E6169

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 33761

Date: 09-23, 19 86

From: Calvin Jones Address: 4770 University Ave. 92105

Eight Hundred Sixty-six and no/100 Dollars ($ 866.00)

In Full Payment of Charles C. Jones Service

Lot 41 Grave 11 Row Section 6 Division Block 11

Invoice No.

Acct. No.

W.O. E-6169

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY E. Lang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	856	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6169

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLES CRISWELL JONES	Male	March 24, 1896	Sept. 17, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Calvin Jones - Son 6223 Benson Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
9050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.; San Diego, California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: SEP 23 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Harold L. Rowe, M.D. mm

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 23 1986 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgia Slater

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

Dept. Of Health Services
1700 Pacific Highway
San Diego, California 92101

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

E6169

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33851

Date: 10-17, 1986

From: Calvin Jones Address: 4770 University Sdla 92105

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Charles C Jones service replacement (Check)

Lot 41 Grave 11 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6169

Unpaid Balance after this Payment 0

(Ret Rec. 33761)

Pre-Need ☐ At Need ☐ On Acct ☒
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

004016

CITY AUDITOR
OCT 24 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID		$ 856	00

AC-212 (Rev. 8-86)

EC 169

CITY TREASURER
SAN DIEGO

776651	0/20/86	VD	856.00-	OPT R
			856.00-	TL
10/20/86	7766	5	856.00	CH
10/20/86	7766	5	.00	BA



IMPORT AUTOS WEST
4770 UNIVERSITY AVE. (619)280-8493
SAN DIEGO, CA 92105

003 9/23 1986

B6169
0137

90-8169/3222

264
10-3

Pay to the order of Mt. Hope $ 856.00

Eight hundred fifty six dollars and no/100 Dollars

USE CREDIT UNION
University and State Employees Credit Union
3100 Gilman Drive
La Jolla, California 92037

ACCOUNT CLOSED

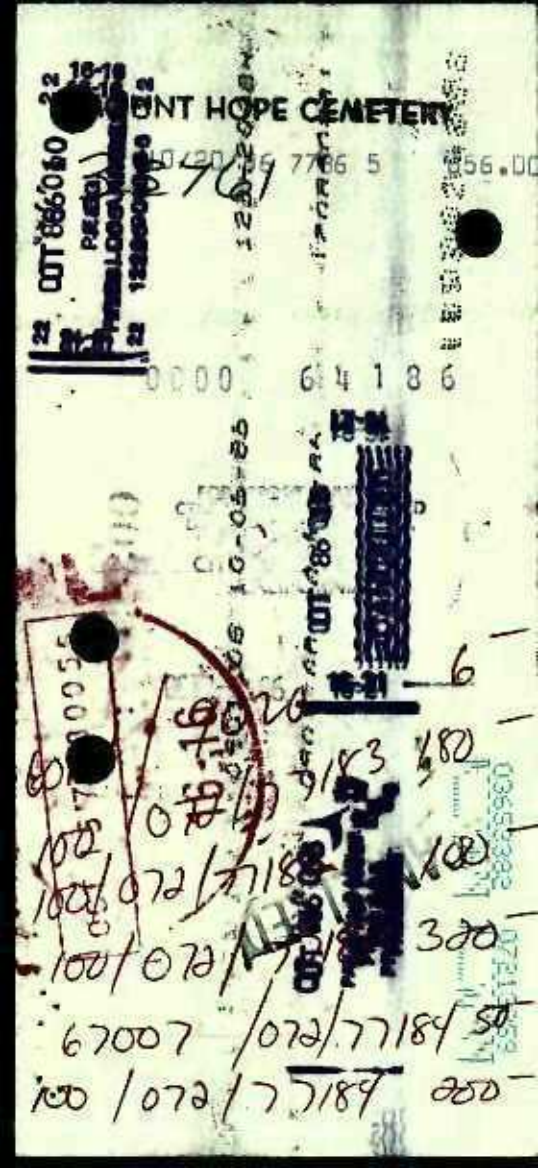
ACCOUNT CLOSED

For Jones' plot

Cal Jones

⑆32228[illegible]91⑆703 000219271⑈ 0137 ⑈0000085600⑈

Rocky Mountain Bank Note BP-3


MOUNT HOPE CEMETERY

E61169

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT: Treasurer/Cashier

DATE: 10 / 17 / 86

DCR No. 003852

EXPLANATION	FUND (16-21)	DEPT. (22-27)	ORG. LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-46)	FACILITY (47-72)	AMOUNT (68-80)
	100	072		77181			(320 00)
The attached check has been returned unpaid by the payor's bank. At your discretion, please take necessary action to discontinue services, permits, etc. for which check was issued. The original deposit is now reversed by means of this Form AC-1221. If payment is received, please deposit in regular manner. If payment is not received, please proceed in accordance with AR 65.20, regarding "NSF checks" and the "Bad Check Letter." If you have any questions, please contact Ext. 6194.	" "	" "		77182		FOR AUDIT ONLY,	(100 00)
	" "	" "		77183			(100 00)
	" "	" "		77184		OCT 21 '86	(200 00)
	67007	072		77184		CITY TREAS. SAN DIEGO	(50 00)
	60101			9022			(6 00)
Department: Prop/Mt. Hope Cementry							
Payor's Name: C. Jones			Cab				
			Calvin Jones				
Check #: 137-Account Closed			brought in another				
			Cashier check prior				
Purpose of Deposit: Jones plot			to receipt of this NSF				
			should be okay				
Date Deposited: 10-3-86							

PREPARED BY: / PHONE	DEPOSITED BY:	AUDITED BY:	KEY PUNCH: / DATE:	TOTAL DEPOSIT	$ (856 00)
Sam Thompson 6195 Donna Scholder					

AC-1201 (REV. 7-78)

E6170

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot for

Date 09-23-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony M. Joaquin

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 97 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250 00
Paid receipt number 33762	250 00
Balance due	-0-

PAID
SEP 23 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-23-86

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.

Signature

2364 Worden St
Address

S.D. Ca 92110
State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 6170

Acct. # _____

PY-593 (REV. 8-86)

See E6175

E 6170

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33762

Date: 09-23, 19 86

From: Maria Fatima Joaquin Address: 2364 Worden St. S.D. Ca 92110

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Preneed lot and preneed trust services for Anthony M. Joaquin

Lot 97 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6170 + E6171

Unpaid Balance after this Payment 0

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 30% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	80101 8020	56	00
TOTAL PAID	$	856	00

AC-212 (Rev. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust for

Date 09-23-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony M. Joaquin

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 97 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... E-6170 ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fe .....

Recording and filing fee 35 00

Sales taxes 6 00

Total Due 606 00

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. SEP 23 1986 PAID

9-23-86 Paid receipt number 33762 606 00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 2364 Warden St

State SD Ca Zip Code 92110

Telephone _____

Invoice # _____

Work Order # E 6171

Acct. # _____

PY-593 (REV. 8-85)

See E6175

Deposited direct to
Services accounts.
Anthony Joaguni
passed away before
deposit into trust acct.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of *burial, when the above pre-need services are utilized,* an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

Deceased 9-24-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deposit into reg accts

Pre-need Trust for Burial

Date 09-23-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony M. Joaquin

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 97 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund E-6170 Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33762 606.00

Balance due 0-

PAID
SEP 23 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

-23-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

2364 Warden St
Address

Sal Ca 92110
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6171

PY-993 (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 33762

From [illegible] Address 2364 Warden St Sal Ca 92110 Date 09-23 19 86

In [illegible] Payment of [illegible] Dollars ($ 956.00)

Lot 97 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E6170 & E6171

Unpaid Balance after this Payment _____

Pre-Need ☒ At Need ☐ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 77184	36
80% Sales of Lots	100 77184	300
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	606
TOTAL PAID		$ 956

E6171

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E(617)

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Anthony M. Joaquin	Male	July 19,1929	Sept.24,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Maria Fatima Joaquin- Wife 2364 Worden Street San Diego, CA. 92107

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED SEP 26 1986
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. PV		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE)	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 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.

E6172

2' casket

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-23-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Marcus Maurice Joseph

in a _____ (Vault/Liner) Funeral, date, time Wed 9/24 11:00

Church, Chapel, Graveside _____; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 631 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	99.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	199.00
Paid receipt number 33765	199.00
Balance due	-0-

PAID
SEP 25 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-25-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6172

Acct. # _____

PY-503 (REV. 8-86)

E6172

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33765

Date: 9/25/86, 19

From: Anderson-Rapsdale Address: 5050 Fed Blvd SD 92102

One Hundred Ninety Nine 00/100 Dollars ($ 199.00)

In full Payment of Interment of Baby Maram M. Joseph Rec

Lot 613 631 Grave Row Section 1 Division 9 Block 7

Invoice No.

Acct. No.

W.O. E 6172

Unpaid Balance after this Payment (PP)

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ 6857 Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 02 1986

ISSUED BY: Georgen Hobbs

CREDIT 20% Sales Care	87002 77184	20	00
80% Sales of Lots	100 77184	180	00
Openings & Service Charges	100 77181	99	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	90101 9030		
TOTAL PAID	$	199	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6172

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARCUS MAURICE JOSEPH	Male	Sept. 18, 1986	Sept. 18, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	La Tasha L. Ellison - Mother 324 Gloria Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON [illegible])	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Bl. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT
NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California
COUNTY: San Diego

CREMATION
NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A
DATE CREMATED:
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS
ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE
NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT
This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
AMOUNT OF FEE PAID: 3.00
DATE PERMIT ISSUED: SEP 24 1986
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.M.M.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 24 1986 (ENTER DATE)
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 COUNTY OF DEATH: Dept. Of Health Services
1700 Pacific Highway
San Diego, California 92101

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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.

(DIP) E 6173

MT. HOPE CEMETERY

INTERMENT ORDER

(~~Double~~ Depth) Bottom City of San Diego

Date 09-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leon P. Miller

in a Bell (Vault/Liner) Funeral, date, time Fri 9/26 - 11 Am

Church, Chapel, Graveside Chapel M.C. Lemon Col. Mortuary.

All Funeral cars must 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 120 Grave 2 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund E 4591 Preneed

Additional spaces and care fund Preneed #295 — 25.00

Opening/Closing & Setup ____

Burial Container ____

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee ____

Sales taxes ____

PAID
SEP 24 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 25.00

Paid receipt number 33764 25.00

Balance due 0

1st burial

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Marion E Miller
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6173

Acct. # ____

PY-583 (REV. 8-85)

E6173

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33764

Date: 9/24/86, 19

From: Marion E Miller Address: 2003 Bayview Hwy S.D. 92105

Twenty five Dollars 00/10 Dollars ($ 25.00)

In full Payment of Increase on Semi Chap Tandem -

Lot 120 Grave 2 Row — Section 1 Division Block 12

Invoice No. 8

Acct. No. 8

W.O. E-6173

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

4532

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 02 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
Openings & Service Charges	100 77181	25.00
Burial Containers	100 77182	—
Recording fees or misc. service fees	100 77183	—
Sales Tax	60101 8020	—
TOTAL PAID	$	25.00

Burial on Bottom

E6173

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEON PAUL MILLER	male	June 9, 1920	Sept 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Marion E. Miller - wife 2003 Bay View Hts Dr. #163 San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetary - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 25 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D. mmw
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 26 1986 (ENTER DATE)	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 COUNTY OF DEATH n/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.

E6174

No Setup
Grave off

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/25/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lilyan Smallman

in a T.S. Vault (Vault/Liner) Funeral, date, time 1:00 Fri 9/26

Church, Chapel, Graveside Viewing only ; Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 28 Grave 9 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Comm. T.S. Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number	
Balance due	

Bill P.A. Executor Estate of Creditors Claim

I hereby certify I am the Vice Pres. - Gen. O.K. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Have Vault at S.S.

Signature

Address

State Zip Code

Telephone

Invoice # 048686

Work Order # E 6174

Acct. # 000952

PY-593 (REV. 5-85)

Creditors Claim

– PERMIT FOR [redacted]OSITION OF [redacted]MAN REMAINS –

E6174

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lilyan Smallman	**Female**	**10/22/1902**	**9/25/1986**

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	**San Diego**	**Public Guardian 5201 A Ruffin Rd. San Diego, CA 92123**

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	**1083**

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED **Mt. Hope Cemetery, 3751 Market St. San Diego, CA**		COUNTY **San Diego**
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED **n/a**	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION **n/a**		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS **n/a**		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID **$3.00** DATE PERMIT ISSUED SEP 26 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramsey, M.D.M.M.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 26 1986 (ENTER DATE)	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 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.

E6174

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123		Filed for approval: (date) (Deputy)
ATTORNEY FOR (Name):		Duplicate mailed: (date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		Presented to court for approval: (date) (Deputy)
ESTATE OF (NAME): Lilyan Smallman DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER:

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim: $ 1205.50 + interest
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [X] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 Martin L. King Way (Formerly Market Street)
   San Diego, CA 92102
4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 10/20/1986

George W. Stelter, Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $
    [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached:
    [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

(OVER)

ESTATE OF (NAME):	CASE NUMBER
Lilyan Smallman Decedent	

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the note or instrument must be attached. If secured by mortgage deed of trust, or other lien on property that is of record, it is sufficient to state the date, book and page, and county where recorded

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
X 09/26/1986	X Lilyan Smallman Services	X
	Lot 28, Grave 10, Section 1, Division 12	$ 495.00
	Opening/Closing	320.00
	Top Seal Vault	175.00
	Handling Fee	170.00
	Recording Fee	35.00
	Tax on Vault	10.50
		1205.50
	X TOTAL	X $ 1205.50

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "...Costs of funeral services, together with interest thereon from 60 days after date of death, shall be considered as part of the funeral expenses..."

Monthly interest in the amount of 11-26-86

will be added starting: $12.05

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No. E6174 34092
1-13-87

Date: 01-13, 1987

From: County of S.D. Address: 5201-A Ruffin Rd SD Ca 92123

Twelve hundred fifteen and 50/00 Dollars ($ 1215.50)

In full Payment of Lilyan Smallman, Services

Lot 28 Grave 10 Row Section 1 Division 12 Block

Invoice No. 048686

Acct. No. 000952

W.O. E6174

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT		
20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	1215 50

E6174

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/16/87

DATE: 01/16/87
TIME: 214211
PAGE: 3

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048686	10/31/86	000952	COUNTY OF SAN DIEGO					01/13/87	CK	E6174	1,205.50	1,205.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				205.00		
			100	072		77184	000072				396.00		
			60101			9020					10.50		
			67007			77184					99.00		

E6174

mt. Cope

E6175

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-25-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony M. Joaquin

in a Bell Liner (Vault/Liner) Funeral, date, time Mon. 9/29 10:00

Church, Chapel, Graveside _____ ; Mayer Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 97 Grave 9 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Preneed E-6170 — Preneed
Additional spaces and care fund	Paid in full Preneed E-6171
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature#

_____
Address

_____
State Zip Code

_____
Telephone#

Invoice # _____

Work Order # E 6175

Acct. # _____

PY-583 (REV. 8-85)

E6176

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

150861

Date 09-25-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sultan M. Ettehad

in a _____ Funeral, date, time Thurs. 9/25 3:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot A Grave 25 Row _____ Section Mus. Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	250.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	285.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Muslim Assn
Signature

Address

State Zip Code

Telephone

Invoice # 048685

Acct. # 015935

Work Order # E 6176

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6176

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sultan M. Ettehad	Female	Jan. 6, 1911	Sept. 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Asef Ettehad-Son 301 Shady Lane, #52 El Cajon, California 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego,	CA F-843

227337

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Greenwood Memorial Park, I-805 & Imperial Avenue, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 25 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 25 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E6176

048685	10/31/86	015935	MUSLIM ORGANIZATION			12/24/86	CK	109 ✓	295.00	295.00	0.00
			100	072	77181	000072			250.00		PAID IN FULL
			100	072	77183	000072			35.00		

E6176 Mt. Hope

NUMBER OF INVOICES PAID 7
TOTAL AMOUNT PAID 922.94

E6177

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer Property from

Date 09-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James L. + Rachael G. McLaughlin

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 114 Grave 7+8 Row _____ Section 100F ~~Division~~/Block 43

Grave space & Care Fund To Carol A. Maury

Additional spaces and care fund 4429 OLIVE ST

Opening/Closing & Setup SAN DIEGO CA.

Burial Container 92105

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 35.00

PAID
SEP 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-26-86

Paid receipt number 33767 35.00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

James L. McLaughlin
Signature

Rachael G. McLaughlin
Address

By James A. March P.O.A.
State Zip Code

Telephone

Invoice # _____

Work Order # E 6177

Acct. # _____

PY-593 (REV. 8-86)

#11308

E6177 5/27/1965

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2063

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO James L. & Rachel G. McLaughlin for the sum of $ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lot 114 Graves 7 & 8 Section IOOF Block 43

AS DESCRIBED ON PURCHASE ORDER NUMBER C-2118

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

R. W. Oehne
Cemetery Manager

Public Works Director

FORM PW-584

E6177

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, James L. and Rachel G. McLaughlin, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 114, Graves 7,8
Section I.O.O.F., Block 43
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 27th day of January, 1984.

x James L McLaughlin

x Rachel G. McLaughlin

STATE OF CALIFORNIA }
COUNTY OF MONTEREY } ss.

On this 27th day of January in the year 1984, before me, the undersigned, a Notary Public in and for said State, personally appeared James L. McLaughlin and Rachel G. McLaughlin,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed it.

WITNESS my hand and official seal.

Joan F. Y. Ouye

Notary Public in and for said State.

OFFICIAL SEAL
JOAN F. Y. OUYE
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
MONTEREY COUNTY
MY COMMISSION EXPIRES SEPTEMBER 24, 1984

E6177

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33767

Date: 09-26, 19 86

From: March Associates Address: 644 Floyd Ave. Chula Vista 92000

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Property Transfer from James L. + Rachael E. McLaughlin to Carol A. Maurer

Lot 44 Grave 74 Row Section 10 E Division Block 43

Invoice No.

Acct. No.

W.O. E-6177

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	1	
80% Sales of Lots	100 77184	1	
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	35	00
Sales Tax	60101 9020		
TOTAL PAID	$	35	00

AC-312 (Rev. 8-85)

E6178

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Johnson Forbes

in a TS Vault (Vault Liner) Funeral, date, time Mon. 9/29 9:00

Church, Chapel, Graveside Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 117 Grave 1 Row _____ Section 6 Division/~~Block~~ 1

Grave space & Care Fund (1952) A-4524	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.00
Total Due	710.00
Paid receipt number 33843	710.00
Balance due	-0-

PAID
OCT 15 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by 10-15-86
Jerry Meadows

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary L. Stone
Signature

5810 Laramie Wy
Address

San Diego, Ca. 92120
State Zip Code

286-1347
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6178

PY-693 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6178

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JUANITA I. FORBES	female	Aug 5, 1906	Sept 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Mary L. Stone - wife 5810 Laramie Way San Diego, CA 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 26 1986 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Bowers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE)	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 COUNTY OF DEATH n/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.

E6178

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33843

#171 Date: 10-15, 1926

From: Maryann Stone Address: 4147 Winning Lane Fallen 92041

Seven hundred ten and no/100 Dollars ($ 710.00)

In full Payment of Granitaly Forbes Service

Lot 117 Grave 1 Row Section 6 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E 6178

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 20 1986

ISSUED BY E. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Bearings & Service Charges	100 77181	220	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	80101 9020	10	00
TOTAL PAID	$	710	00

E 6179

MT. HOPE CEMETERY

INTERMENT ORDER

Renewed lot for: City of San Diego

Date 09-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ben J. Robinson

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 116 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595 00
Paid receipt number 33770	595 00
Balance due	-0-

PAID
SEP 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-26-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Ben J. Robinson

Address 4922 Fir St.

State 264-8201 Zip Code

Telephone S.D. Ca 92102

Invoice # _____

Work Order # E 6179

Acct. # _____

PY-583 (REV. 8-85)

#11351

E6179

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33770

Date: 09-26, 1986

From: Benj Robinson Address: 4925 Fir St SD Ca 92102

Five hundred ninety five and no/100 Dollars ($ 595.00)

In full Payment of Preneed lot

Lot 116 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6179

Unpaid Balance after this Payment ✓

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY D. Lang

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	80101 9020		
TOTAL PAID	$	595	00

E 6180

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olyve E. Fox

in a Bell liner (Vault/Liner) Funeral, date, time Mon 9/29 11:00

Church, Chapel, Graveside ____ ; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 28 Grave 2 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (1976) D-6857 Prenced

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 6 00

Total Due 606 00

PAID
SEP 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

9-26-86 Paid receipt number 33772 606 00

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6180

Acct. # ____

PY-593 (REV. 8-85)

E 6180

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33772

Date: 09-26, 19 86

From: Carol A. Fox Address: 2316 Bancroft St SD Ca 92104

Six hundred six and no/100 — Dollars ($ 606.00)

In full Payment of Olive E. Fox services

Lot 28 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6180

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	60101 9020	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6/80

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLIVE ELISA FOX	female	Apr 23, 1912	Sept 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Carol A. Fox - daughter 5440 Baltimore Dr. #107 La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: SEP 26 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. mhm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE)	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 COUNTY OF DEATH: n/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.

E6181

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mortuary to bring check

Date 09-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lloyd Dennis Burnett

in a Liner (Vault/Liner) Funeral, date, time Mon 9/29 10:00

Church, Chapel, Graveside Chapel + GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 125 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 33777	856.00
Balance due	-0-

PAID
SEP 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by 9-29-86
Ragsdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Della Lee Burnett
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

2563 'K' St
Address

S.D. Ca 92102
State Zip Code

236-0950
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6181

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

EG184

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lloyd Dennis Burnett	Male	April 29,1923	Sept. 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Della Lee Burnett - Wife 2563 "K" Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

R

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.:San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 29 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 29 1986 (ENTER DATE) 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 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.

E6181

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33777

Date: 09-29, 1986

From: Mary E. Scott Address: 3026 K St S.D. Ca 92102

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In Cash Payment of Lloyd Dennis Burnett Service

Lot 125 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6181

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY R. Zang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 8-85)

E 6182

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/29/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Jean Smith

in a Liner (Vault/Liner) Funeral, date, time Tue 11Am 9/30

Church, Chapel, Graveside Chapel & GS ; Pagedale Mortuary.

All Funeral cars must 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 100 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33783	856.00
Balance due	0

PAID
SEP 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Chapel to Bury
Ch.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dorothy Dudley
Signature
5131 Castana St.
Address
San Diego CA 92114
State Zip Code
263-0457
Telephone

Invoice # _____

Work Order # E 6182

Acct. # _____

PY-593 (REV. 8-85)

E6182

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33783

Date: 9/30/86, 19

From: Anderson-Ragsdale Address: 5050 Federal Blvd 92102

Eight Hundred Fifty Six and 00/100 Dollars ($ 856.00)

In full Payment of Interment fees for Betty Jean Smith - Dec

Lot 100 Grave 5 Row — Section D Division Block 11

Invoice No.

Acct. No.

W.O. E-6182

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

6894

AC-212 (Rev. 6-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR 003479

OCT 10 1986

ISSUED BY Georgeine Tuttle

CREDIT 20% Sales Care	97007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	1 35	00 00
Sales Tax	60101 9030	6	00
TOTAL PAID	$	856	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6182

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BETTY JEAN SMITH	Female	Dec. 29, 1946	Sept. 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Davetta Dudley - Daughter 5131 Castana Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 29 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/30/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelle	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

E 6183

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Will bring check Thurs.

Date 09-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jennie Baguill

in a Bell Vault/Liner Funeral, date, time Thurs. 10/2 1:00

Church, Chapel, Graveside Oak Dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 43 Grave 7 Row ____ Section 1 Division/~~Block~~ 5

Grave space & Care Fund C-4199 (1967) Planned

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ____

Recording and filing fee 3.50

Sales taxes 6.00

PAID
OCT 2 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due ~~606.00~~

Paid receipt number 33786 606.00

Balance due 0

called by Jim Davis Oak Dale, Ca

I hereby certify I am the Son-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Earl W Manat
Signature
6231 Don Ramon
Address
Riverbank, CA 95367
State Zip Code
(209) 869-4675
Telephone

Work Order # E 6183

Invoice # ____

Acct. # ____

PY-553 (REV. 8-85)

E6183

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 33786

Date: 10/2/86 19

From: Earl Mowat Address: Oakdale Ca

Six Hundred and Six ~~00~~ 00 Dollars ($ 606.00)

In full Payment of Interment for Jennie Bagwell Dec

Lot 43 Grave 7 Row Section 1 Division Block 5

Invoice No. 2

Acct. No.

W.O. E6183

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐ 0104

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 10 1986

Issued by

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77134		
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 9020	6	00
TOTAL PAID	$	606	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6183 1986

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JENNIE ROSETTA BAGWILL	FEMALE	March 21, 1898	Sept. 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Modesto	Stanislaus	Cordelia Houat-Daughter 6231 Don Ramon Riverbank, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Oakdale Memorial Chapel	764

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DNA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION DNA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS DNA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 29 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ken Kelly MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH StanislausCCounty Health Department 820 Scenic Drive Modesto, California 95361		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 6184

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot for

Date 09-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cletis L. Cohee

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 11 Grave 4 Row _____ Section 100F Division/Block 25

Grave space & Care Fund	595-00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	

PAID
SEP 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 595 00

9-29-86 Paid receipt number 33773 595 00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6184

Acct. # _____

PY-693 (REV. 8-85)

#11306

8/29/84 E6184

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

Dear Mrs Cohee -
373 W. Bay (apt C)
Costa Mesa, Ca
92627

Please note photo of map that shows your property in yellow The pink space is for sale and is near yellow. Space 3 or 4 can be purchased for $595.00 each. If you wish to purchase please mail us check made out to Mt Hope and you will receive a deed in few days. This offer will be reserved in your name for 30 days. If you have questions call me or if you wish time payments call me for details. If we don't hear from you by October 31, 1986 we will show these two spaces to other buyers.

Thank you for your concern.

George Stelter

Lot 11
Sp 3+4
IOOF
BK25

8/29/84 E6184

from **MT. HOPE CEMETERY**

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

Dear Mrs Cohee -
373 W. Bay (4th C)
Costa Mesa, Ca
92627

Please note photo of map that shows your property in yellow The pink space is for sale and is near yellow. Space 3 or 4 can be purchased for $595.00 each. If you wish to purchase please mail us check made out to Mt Hope and you will receive a deed in few days. This offer will be reserved in your name for 30 days. If you have questions call me or if you wish time payments call me for details. If we don't hear from you by October 31, 1986 we will show these two spaces to other buyers.

Thank you for your concern.

George Stelter

E61841

RR

#1 + 42 - 25 - IOOF - F

$595.00 495

Cletis Cohee
COHEE

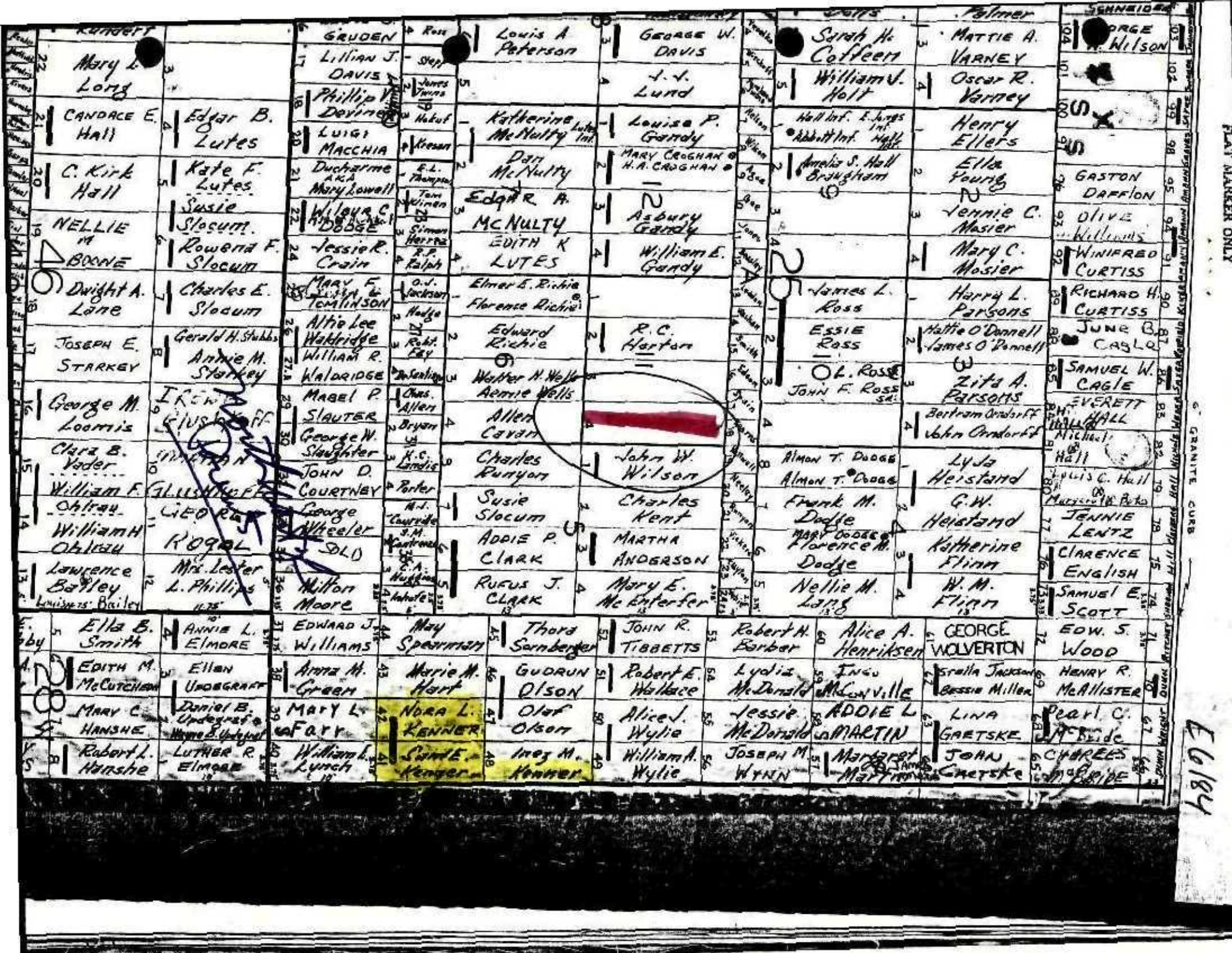
373 - W. Bay
Costa Mesa Ca
92627

apt C

8/27

11/4 FOOF - 25

MOUNT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CALIF. 92102



FLAT MARKER ONLY

GRANITE CURB

E6184

Rundert		Gruden	Ross	Louis A Peterson	George W. Davis	Sarah H. Coffeen	Mattie A. Varney	Schneider	George H. Wilson		
Mary L. Long		Lillian J. Davis	Stepp		J. J. Lund	William J. Holt	Oscar R. Varney				
Candace E. Hall	Edgar B. Lutes	Phillip V. Devine	Jones Twins	Katherine McNulty Lutes Inf.	Louise P. Gandy	Hall Inf. E. Jones Inf. Abbott Inf. Hall Inf.	Henry Ellers				
C. Kirk Hall	Kate F. Lutes	Luigi Macchia	Hokuf	Dan McNulty	Mary Croghan H. A. Croghan	Amelia S. Hall Braugham	Ella Young		Gaston Dafflon		
Nellie M. Boone	Susie Slocum	Ducharme AKA Mary Lowell	Kresan	Edgar R. A. McNulty	Asbury Gandy		Jennie C. Mosier		Olive Williams		
Dwight A. Lane	Rowena F. Slocum	Wilbur C. Dodge	E.L. Thompson	Edith K Lutes	William E. Gandy		Mary C. Mosier		Winifred Curtiss		
Joseph E. Starkey	Charles E. Slocum	Jessie R. Crain	Tom Wimen	Elmer E. Richie Florence Richie		James L. Ross	Harry L. Parsons		Richard H. Curtiss		
George M. Loomis	Gerald H. Stubbs Annie M. Starkey	Mary F. Tomlinson	Simon Herrera	Edward Richie	R. C. Horton	Essie Ross	Hattie O'Donnell James O'Donnell		June B. Cagle		
Clara B. Vader	Irene Glushoff	Altie Lee Waldridge	R.P. Ralph	Walter N. Wells Aemie Wells		O. L. Ross John F. Ross Sr.	Zita A. Parsons		Samuel W. Cagle		
William F. Ohlrau	Martin Glushoff	William R. Waldridge	O.J. Jackson	Allen Cavan			Bertram Orndorff John Orndorff		Everett Hall		
William H. Ohlrau	George Rogel	Mabel P. Slauter	Hodge	Charles Runyon	John W. Wilson	Almon T. Dodge Almon T. Dodge	Lyda Heistand		Michael Hall		
Lawrence Bailey Louisiana Bailey	Mrs. Lester L. Phillips	George W. Slaughter	Robt. Fay	Susie Slocum	Charles Kent	Frank M. Dodge	G.W. Heistand		Louis C. Hall Margaret B. Beto		
		John D. Courtney	Dr. Santiago	Addie P. Clark	Martha Anderson	Mary Dodge Florence M. Dodge	Katherine Flinn		Jennie Lentz		
		George Wheeler	Chas. Allen	Rufus J. Clark	Mary E. McEnterfer	Nellie M. Lang	W. M. Flinn		Clarence English		
		Sold	Bryan						Samuel E. Scott		
		Milton Moore	K.C. Landis								
			Porter								
			M.J. Courville								
			J.M. Contreras								
			C.A. Huggins								
			Ashofe								

Ella B. Smith	Annie L. Elmore	Edward J. Williams	May Spearman	Thora Sornberger	John R. Tibbetts	Robert H. Barber	Alice A. Henriksen	George Wolverton	Edw. S. Wood		
Edith M. McCutcheon	Ellen Updegraff	Anna M. Green	Marie M. Hart	Gudrun Olson	Robert E. Wallace	Lydia McDonald	Ingo McConville	Stella Jackson Bessie Miller	Henry R. McAllister		
Mary C. Hanshe	Daniel B. Updegraff Wayne B. Updegraff	Mary L. Farr	Nora L. Kenner	Olaf Olson	Alice J. Wylie	Jessie McDonald	Addie L. Martin	Lina Gaetske	Pearl C. McBride		
Robert L. Hanshe	Luther R. Elmore	William L. Lynch	Sam E. Kenner	Inez M. Kenner	William A. Wylie	Joseph M. Wynn	Margaret Martin James	John Gaetske	Charles McBride		

E6184

Gladis L. Cooke
373 W. Bay apt C
Costa Mesa, Ca.
92627

Dear Mr. Stekler.

Enclosed Money order for Purchase of Pink space on Map. Please return map to me. and I Thank you for your information and help.

Sincerely yours
Mrs. Cooke

E6184

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33773

Date: 09-29, 1986

From: Clotis L Cohee Address: 373 W. Bay #C Costa Mesa Ca. 92627

five hundred ninety five and no/100 Dollars ($ 595.00)

In full Payment of Preneed Lot

Lot 11 Grave 4 Row Section 100E Division Block 25

Invoice No.

Acct. No.

W.O. E-6184

Unpaid Balance after this Payment 0

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY C. Lang

CREDIT 20% Sales Care	67007 77194	119	00
80% Sales of Lots	100 77194	476	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	595	00

AC-212 (Rev. 8-85)

E 6185

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/29/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harvey Walker

in a Liner (Vault/Liner) Funeral, date, time Wed 11AM - 10/1/86

Church, Chapel, Graveside Chapel - GS; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army

Lot 42 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 33784	856.00
Balance due	0

PAID
SEP 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Massa L. Walker
Signature

3207 K. Street
Address

San Diego, Ca.
State Zip Code

619 239-1942
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6185

PY-593 (REV. 8-85)

E6185

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33784

Date: 10/1/86, 19

From: Massa L. Walker Address: 32 07 K-St. SD 92102

Eight Hundred fifty six and 00/100 Dollars ($ 856.00)

In full Payment of Interment fees for Harvey Walker - Dec

Lot 42 Grave 9 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6185

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85) 642

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	60101 6020	6	00
TOTAL PAID	$	856	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6185

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARVEY WALKER	MALE	Feb. 28,1915	Sept. 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Massa Lunn Walker - Wife 3207 "K" Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: SEP 30 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/1/86 (ENTER DATE)	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 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 6186

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth C. Mayfield

in a Bell Vault/Liner Funeral, date, time Thurs. 10/2 2:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 112 Grave 7 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 23780	150 00
Balance due	706 00

9-29-86

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Veronica Smith
Signature
3530 "J" St.
Address
SD, Calif. 92102
State Zip Code
234-2655
Telephone

Invoice # 048688

Work Order # E 6186

Acct. # 019452

PY-503 (REV. 8-85)

E 6186

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33780

Date: 09-29, 1986

From: Vinela Smith Address: 3530 [illegible] St [illegible] Ca 92102

One hundred fifty and no/100 Dollars ($ 150.00)

In art Payment of Kenneth C. Mayfield Service

Lot 112 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6186

Unpaid Balance after this Payment $706.00

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☐ Cash ☒

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 02 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	150	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	150	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6/86

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KENNETH CARLYE MAYFIELD	Male	July 28, 1955	Sept. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Riverside	Riverside	Vernela Smith - Mother 3530 "J" Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 3550 Federal Bl San Diego	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: 9-29-86	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ C O'Gallagher MDRS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 2 1986 (ENTER DATE)	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 COUNTY OF DEATH: Riverside Dept. of Health Services Riverside, CA		

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ E6186 34122

1-21-87

Date: 01-21, 1987

From: Vernela Smith Address: 3530 J St SD Ca 92102

Seven hundred six and no/100 — Dollars ($ 706.00)

In full Payment of Kenneth C. Mayfield services

Lot 112 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No. 048688

Acct. No. 019452

W.O. E6186

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76380	
TOTAL PAID	$	706.00

AC-212 (Rev. 11-86)

E6186

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/26/87

DATE: 01/26
TIME: 20391
PAGE: 4

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANC
048688	10/31/86	019452	VERNELA SMITH					01/21/87	CA		706.00	706.00	0.
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				180.00		
			100	072		77184	000072				50.00		
			60101			9020					6.00		
			67007			77184					50.00		

11485

E6186

mt Hope

E6187

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Vault + FC. from Greenwood

Date 10-01-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth B. Lego

in a Vault (Vault/Liner) Funeral, date, time Fri 10/3 10:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2178 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund (1966) C-2834 Preneed

Additional spaces and care fund ..... _____

Opening/Closing & Setup 320.00

Burial Container ..... _____

Handling Fees Vault from Greenwood 170.00

Flower vases - Marker setting fee 12X24 marker 125.00

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 650.00

10-9-86

Paid receipt number 33827 650.00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

PAID
OCT 9 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Name _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 6187

Acct. # _____

PY-883 (REV. 8-85)

E6187

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33827

Date: 10-9, 1986

From: Greenwood Mortuary Address: PO Box 88 SD Ca 92112

Six hundred fifty and no/100 Dollars ($ 650.00)

In full Payment of Elizabeth B. Lego service and marker setting fee

Lot 2178 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6187

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77194		
80% Sales of Lots	100 77194		
Openings & Service Charges	100 77181	320	00
[illegible]	100 [illegible]92		
Recording fees or misc. service fees	100 77183	330	00
Sales Tax	60101 9020		
TOTAL PAID	$	650	00

CITY AUDITOR
OCT 16 1986

AC-212 (Rev. 8-85)

4104 Tennyson St

E6187

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elizabeth Beatrice Lego	Female	June 27, 1895	Sept. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Frederick L. Lego-Husband 4080 Tennyson Street San Diego, California 92107

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary, I-8084 Imperial Ave San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ F. L. Lego DATE SIGNED: 10-1-1986
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 02 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 3 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E6188

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

County Indigent

Date 10/2/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arita Marie Herrod

in a ~~[illegible]~~ Vault/Liner Funeral, date, time 11:30 AM Fri 10/3

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

65 Lot ~~6~~ 11 Grave 6 Row — Section ~~1~~ 5 Division/~~Block~~ ~~9~~ 7

Grave space & Care Fund	28	~~100.00~~
Additional spaces and care fund		—
Opening/Closing & Setup	45	~~100.00~~
Burial Container Comet box		~~50.00~~
Handling Fees		~~11.00~~
Flower vases - Marker setting fee		
Recording and filing fee		~~35.00~~
Sales taxes		~~3.00~~
Total Due	73.00	~~299.00~~

Dan @ Greenwood

Paid receipt number

Balance due

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

not to be held for fees

x Sheila Jones
Signature

x 522 Toyne St.
Address

San Diego Ca 92102
State Zip Code

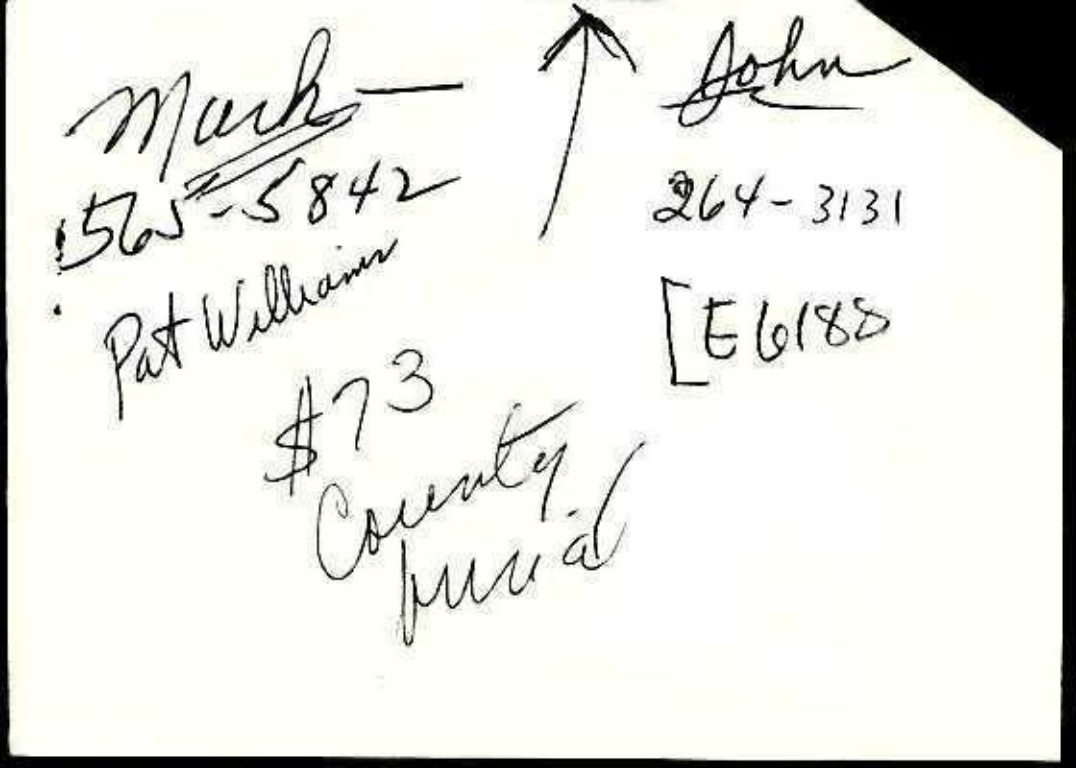
-280-7574
Telephone

Invoice # 048689

Acct. # 000952

Work Order # E 6188

PY-593 (REV. 8-86)


Mark
565-5842
Pat Williams
John
264-3131
[E6188
$73
County
Jail

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6188

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ariza Marie Herrod	Female	Aug. 10,1986	Sept. 29, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Eddie Herrod-Father 4086 Winona Street San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary, I-805 & IMperial Ave San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 03 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 3 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 6/88

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E 6/88

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/24/86

DATE: 11/24
TIME: 22570
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANC
048689	10/31/86	000952	COUNTY OF SAN DIEGO					11/21/86	CK	04-721232	73.00	73.00	0.
			100	072		77181	000072				45.00		PAID IN FULL
			100	072		77184	000072				28.00		

E 6189

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Williams

in a Silver Vault/Liner Funeral, date, time Mon 10/6 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 57 Grave 4 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund Res Sp not for 60 Dep	320.00
Opening/Closing & Setup	100.00
Burial Container	145.00
Handling Fees	
Flower vases - Marker setting fee	35.00
Recording and filing fee	6.00
Sales taxes	
Due	1201.00
Paid receipt number 33789	1201.00
Balance due	-0-

PAID
OCT 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-3-86

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature Mary J Williams

Address 2714 Franklin

State SD Ca Zip Code 92113

Telephone 234-1164

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6189

Acct. # ____

PY-583 (REV. 8-85)

E 6189

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33789

Date: 10-3, 19 86

From: Marvel T. Williams Address: 2914 Franklin Ave SD Ca 92113

Twelve hundred one and no/100 Dollars ($ 1201.00)

In full Payment of Joe Williams Service

Lot 57 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6189

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	119	00
20% Sales of Lots	100 77184	476	00
Openings & Service Charges	100 77181	320	~~[illegible]~~
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	90101 9020	6	00
TOTAL PAID	$	1201	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6198

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOE WILLIAMS	Male	Oct. 2, 1913	Oct. 1, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Marvel Williams - Wife 2914 Franklin Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: OCT 3 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 6 1986 (ENTER DATE) 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 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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E6190

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Sturtevant

in a Double Crypt (Vault/Liner) Funeral, date, time Private 10/7 1:00

Church, Chapel, Graveside ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWII - Retired Navy

Lot 39 Grave 10 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	330 00
Handling Fees	320 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	198 80
Total Due	1619 80
Paid receipt number 33792	1619 80
Balance due	-0-

PAID
OCT 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-3-86

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Helen V Sturtevant
Signature of recorded holder of deed

Send deed

Helen V Sturtevant
Signature

1529 40th
Address

San Diego, Ca 92115
State Zip Code

281-8610
Telephone

Invoice # ____

Work Order # E 6190

Acct. # ____

PY-583 (REV. 8-86)

#11354

E6190

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 33792

Date: 10-3, 19 86

From: Helen V. Sturtevant Address: 4329-41th St. SD Ca 92115

Sixteen hundred nineteen and 80/100 Dollars ($ 1619.80)

In full Payment of Walter Sturtevant Services

Lot 39 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6190

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 10 1986

ISSUED BY K. Tang

CREDIT 20% Sales Care	97007 77194	119	00
80% Sales of Lots	100 77194	496	00
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	330	00
Recording fees or misc. service fees	100 77183	255	00
Sales Tax	60101 9020	19	80
TOTAL PAID	$	1619	80

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6190

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WALTER STURTEVANT	Male	Feb. 21,1918	Oct. 2, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Helen V. Sturtevant - Wife 4329 46th St. San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego CA	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Mariset St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 3 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 7 1986 (ENTER DATE)	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 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 6191

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Ann Yancey

in a Bell Liner (Vault/Liner) Funeral, date, time 10/6-Mon.-2 P.M.

Church, Chapel, Graveside Church GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 67 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	—
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	3 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33809	356 00
Balance due	500 00

PAID
OCT 6 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-6-86 33809

10-6-86 33810

50 00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Called by Ragsdale
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6191

Acct. # _____

PY-503 (REV. 8-88)

E6191

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33809

#20

Date: 10-6, 1986

From: Dwight S. Subbard Address: 6363 Beadnell Way SD Ca 92117

Three hundred fifty six and no/100 Dollars ($ 356.00)

In full Payment of Barbara Ann Yancey Service

Lot 67 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6191

Unpaid Balance after this Payment see receipt 33810

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	106	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	80101 8020		
TOTAL PAID	$	356	00

AC-212 (Rev. 9-85)

E6191

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33810

Date: 10-6, 1986

From: Bayview Baptist Church Address: 6126 Benson SD Ca 92114

Five hundred and no/100 Dollars ($ 500.00)

In full Payment of Barbara Ann Fancey Service

Lot 67 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6191

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY B. Kang

CREDIT 30% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	214	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	80101 8030	6	00
TOTAL PAID	$	500	00

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6191

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Barbara Ann Fearby Barbara Ann Yancey	Female	Dec. 25, 1947	Sept. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James C. Yancey - Husband 4890 Naples Place San Diego, California 92110

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT
NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California
COUNTY: San Diego

CREMATION
NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A
DATE CREMATED:
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS
ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE
NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT
This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
AMOUNT OF FEE PAID: 3.00
DATE PERMIT ISSUED: OCT 3 1986
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 6 1986 (ENTER DATE)
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 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.

E6192

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/86

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of Dolores Marie Caldwell in a Double Crypt (Vault/Lined) Funeral, date, time Wed-11Am 10/8 Church, Chapel, Graveside Chapel & GS : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 60 Grave 2 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1519.80
Paid receipt number	
Balance due	

30 day note

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Richard Caldwell
Signature

257-48TH-Street
Address

California 92102
State Zip Code

264-8209/237-9628
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 048690

Work Order # E 6192

Acct. # 019451

PY-693 (REV. 8-86)

#11355

W.O. NO. E 6192

NOTE—STRAIGHT

$ 1519.80 San Diego, California, October 6, 1986

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Fifteen Hundred Nineteen and 80/100 DOLLARS,

with interest from Nov 7, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand.

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Richard Caldwell

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6192

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dolores Marie Caldwell	Female	Oct. 19, 1929	Oct. 3, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Richard Caldwell - Husband 757 - 48th St. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 7 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 8 1986 (ENTER DATE)	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 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 6192

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/08/86

DATE: 12/08/86
TIME: 212813
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048690	10/31/86	019451	RICHARD CALDWELL					12/03/86	CK	33650	1,519.80	1,519.80	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				355.00		
			100	072		77184	000072				396.00		
			60101			9020					19.80		
			67007			77184					99.00		

E 6192

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,519.80

OFFICIAL RECEIPT

№ 33973

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 12/3/86, 19

From: Richard Caldwell Address: S.D. 92102

Fifteen hundred nineteen and 80/100 Dollars ($ 1519.80)

In full Payment of Interment fees for Dolores Caldwell

Lot 60 Grave 2 Row Section 1 Division Block 12

Invoice No. 048690

Acct. No. —

W.O. E-6192

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒
33650

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	00101 76360		
TOTAL PAID	$	1519	80

E6192

CITY TREASURER
SAN DIEGO

1563512/05/86 1519.80 INVS
12/05/86 1563 5 1519.80- CH
12/05/86 1563 5 .00 BA

E 6193

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

We Select

Date 10-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Crawford, Jr

in a Liner (Vault/Liner) Funeral, date, time Wed 10/8 2:00

Church, Chapel, Graveside ; Bagdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 18 Grave 11 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33822	856 00
Balance due	-0-

PAID
OCT 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Manuella 10/9/86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6193

Acct. # ____

PY-693 (REV. 8-86)

E6193

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33822

Date: 10-8, 1986

From: Anderson Ragsdale Address: 5050 Federal Blvd SD 6[illegible]

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In Full Payment of Fred Crawford Jr. Services

Lot 18 Grave 11 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-6193

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 16 1986

ISSUED BY E. Lang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
[illegible]ings & [illegible] Charges	100 77181	320	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	180	00
Sales Tax	80101 8020	6	00
TOTAL PAID	0	856	00

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6193

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRED CRAWFORD, JR.	Male	Aug. 25, 1939	Oct. 2, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Tynida Jackson - Sister 13022 Carleton Avenue Los Angeles, California 90061

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: OCT 7 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 8 1986 (ENTER DATE)	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 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.

E6194

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/01/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	910.00
Recording and filing fee	
Sales taxes	
Total Due	910.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

CONTI & Son Monument
Signature
P.O. Box 94
Address
San Diego, CA 92112
State
Resale #FH-25603192 Zip Code
Telephone

Invoice # 048543

Work Order # E 6194

Acct. # 004821

PY-503 (REV. 8-86)

9/2/86	$160	Foundation	Wade, Donald C.
9/5/86	125	2x1	Beish, Martha L.
"	125	2x1	Lince, Martin L.
"	125	2x1	Dyer, Flora
9/30/86	125	2x1	Bautistia, Andres
"	125	2x1	Smith, Verna L.
"	125	2x1	West, Miner, Jr.
	$ 910		

E-6194

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/07/86

DATE: 11/07/86
TIME: 212334
PAGE: 11

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048543	10/28/86	004821	CONTI AND SON MEMORIAL CO					11/05/86	CK	6308	910.00	910.00	0.00
			100	072		77183	000072				910.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 910.00

E6194

11/7/86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33892

Date: 11/5/86, 19

From: Conte & Son Address: San Diego

Nine Hundred Ten and 00/100 Dollars ($ 910.00)

In full Payment of Invoice on Setting Marker

#048543

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 048543

Acct. No. 004821

W.O. E-6194

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☑

Ck ☒ Cash ☐

6308

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	910 00

E 6194

SAN DIEGO
CITY TREAS.
NOV 6 '86
PAID #13

CITY T
SAN DIEGO

9266511/06/66 910.00 INV
11/06/66 9266 5 910.00- CH
11/06/66 9266 5 .00 BA

E6195

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	$1285.
Recording and filing fee	
Sales taxes	
Total Due	$1285.
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

SEAMAN-POE MONUMENT CO.
Signature
3893 Imperial Ave.
Address
San Diego, CA 92113
State
Resale #F-40258
Zip Code
Telephone

Invoice # 048542

Work Order # E 6195

Acct. # 000253

PY-583 (REV. 8-85)

9/2/86	$125	3x1	Innis, Edith & Violet
"	125	2-6	Bell, W.H. Dellaree
"	160	Foundation	Watanabe, Rich & Yosh
9/12/86	125	3x1	Phillips, Carl & Allie
9/15/86	125	2x1	Sevier, Cassell D.
"	125	2x1	Guyer, Lois T.
9/29/86	125	2x1	Bredenberg, R.F.
"	125	2x1	Hayden, Eddie
"	125	2x1	Moore, Henry D.
"	125	2x1	Jordan, Audrey
	$ 1285		

E 6195

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/04/86

DATE: 12/0
TIME: 2344
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / GN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAI / BALAN
048542	10/28/86	000253	SEAMAN/POE MONUMENT CO					12/03/86	CK	1303	1,285.00	1,285.00	0
			100	072		77183	000072				1,285.00		PAID IN FUL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,285.00

E 6195

12/4/86

E6195

OFFICIAL RECEIPT

№ 33966

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1986

From: Seaman-Poe Mon. Co. Address: 3893 Imperial Ave SD Ca 92113

Twelve hundred eighty five and no/100 - Dollars ($ 1285.00)

In full Payment of Marker installations for Sept. 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 048542

Acct. No. 000253

W.O. E6195

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77164	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1285.00

AC-212 (Rev. 11-86)

E 6196

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	$125.00
Recording and filing fee	
Sales taxes	
Total Due	$125.00
Paid receipt number	
Balance due	

9/10/86 $125. 2x1
Hearn, Elmira

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

CLEMENS GRANITE
Signature

10527 Prospect Ave.
Address

Santee, CA 92071
State Zip Code

Resale F-91479
Telephone

Invoice # 048544

Work Order # E 6196

Acct. # 006490

PY-693 (REV. 8-85)

E 6196

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E 6196

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/19/86

DATE: 11/19/86
TIME: 000702
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048544	10/28/86	006490	CLEMENS GRANITE COMPANY 100	072		77183	000072	11/17/86	CK	13624	125.00 125.00	125.00	0.00 PAID IN FULL

OFFICIAL RECEIPT

11/18/86

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33925
E6196

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 11-17, 1986

From: Clemens Granite Address: 10527 Prospect, Santee, Ca 92071

One hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of Marker installations Sept 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 048544

Acct. No. 006490

W.O. E6196

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct. ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 11-86)

E 6197

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(23rd) Date 10-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice B. Hoover Ø

in a ASW Vault Vault Liner Funeral, date, time Fri 1/23/87 10:30

Church, Chapel, Graveside ~~(Graveside)~~ ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 6 Grave 3 Row ____ Section MAS Division/~~Block~~ H

Grave space & Care Fund (1918)	Prneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2.40
Total Due	242 40
Paid receipt number 3430	242.40
Balance due	0

PAID
JAN 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

23 Jan 10:30

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. For Dr. Warren Bostick

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature of recorded holder of deed

Signature

2521 Buckeye St Address

Newport Bch Ca 92664 State Zip Code

714-644-5745 Telephone

Work Order # E 6197

Invoice # ____

Acct. # ____

PY-503 (REV. 8-85)

(over)

Called by
Mike Reager
Funeral & Cremation
Home
Ft Collins, Colorado
1530 Riverside Dr.

303-482-2425

Cremains Coming
Registered Mail.

Send a note to
Dr. Bostick when
Cremains arrive

E6197

Dear Mr. Stelter: I phoned the 26th & requested that our Section Lots 3 the 16th be moved to the 27th

As we arranged on the phone, we will be down to inter the cremains of Bernice Bostick Hoover at 10:30 A.M. on Friday, January 23rd. She is to be buried in Grave #3.

Sincerely,

Warren L. Bostick

Warren L. Bostick, M.D.

E6197

December 27, 1986.

Mr. George Stetler, Manager
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Mr. Stetler:

Thank you for the information regarding burials in the Hackett Lot and the rules regarding the number of burials permitted per grave. Looking at the documents you have regarding reserving spaces for our family I can readily see why you were uncertain!

We have gone over the various possibilities and are herewith giving you a list that is to supercede all authorizations for internment in the Hackett Lot that pre-date this letter.

I request and authorize the internment of the remains of the following persons in the grave indicated:

Grave #3: Bernice Bostick Hoover (ashes)
Grave #4: Warren L. Bostick (ashes) and his wife,
Virginia Lee Bostick (ashes)
Grave #5: Beverly Bostick Dean
Grave #6: Orville O. Dean (the Deans are husband and wife)

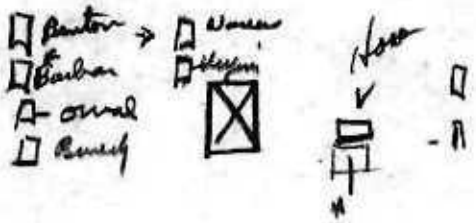
We received your notice that the ashes of Bernice Bostick Hoover have arrived at your cemetery as well as the marker from Seaman-Poe Monument Company.

Regarding the desire of Robert J. Snyder to be buried in the Hackett Lot. I have contacted my surviving sister, Beverly Dean, as well as Bernice Bostick Hoover's son, Mr. Gary Hoover. We all agree emphatically that Mr. Snyder is not to be buried in our Lot. Would you please inform Mr. Snyder's lawyer, Gene Timmermans.

We appreciate your assistance in getting these matters settled.

Sincerely yours,

Warren L. Bostick, M.D.
2521 Buckeye Street
Newport Beach, CA 92660
714-644-5745





E6197

One for Hoover

One for Between
Benton & Barbara

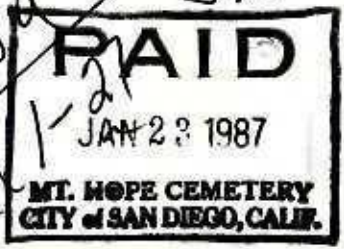
Gr. 4

Gal. Vase
Pd

15.90
15.90
31.80

PAID
JAN 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Jn 1-21



E6197

Reager Crematory

482-2425

1530 Riverside Drive Ft. Collins, Colorado 80524

* CERTIFICATE OF CREMATION *

Fort Collins, Colorado. September 27 19 86 Reg. No. 0105

This certifies that the remains of Bernice B. Hoover

Married ____ Widowed ____ Single ____ Divorced XX

were cremated at Reager Crematory on September 27 19 86 by authority of

M. Gary Hoover Relationship son

Date of Birth 11-6-17 at Dallas, Texas

Died Sept. 26, 1986 at Ft. Collins

Sex F Race W Age 68 Years 10 Months 20 Days

Cause of Death ____

Funeral Home Reager Funeral Home & Crematory

The legal requirements have been complied with, and the receptacle or urn with above Registration Number and name contains the cremated remains of said decedent.

REAGER CREMATORY

By [signature]

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 34130
E6197

Date: 1-23- , 1987

From: Warren Bostech Address: Newport Beach 92664

Two Hundred forty two & 40/100 Dollars ($242.40)

In full Payment of Bernice B. Hoover cremains Interment

Lot 6 Grave 3 Row — Section MAS Division Block H

Invoice No. —

Acct. No. —

W.O. E6197

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2940

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

007038

JAN 30 1987

ISSUED BY Georgia Stetler

CREDIT	67007	—	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

E 6198

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/ /86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie Gertrude Tanner

in a ash vault (Vault/Liner) Funeral, date, time Tue 10/7 1:00

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 100 Grave 8 Row ____ Section 100F ~~Division~~/Block 43

Grave space & Care Fund	Prepaid
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	242 40
Paid receipt number 33798	15 90
Balance due	258 30
	258 30
	- 0 -

PAID
OCT 6 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Flower vase
10-6-86

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Marjorie Sullivan
Signature of recorded holder of deed

Marjorie Sullivan
Signature
6745 San Arturo Cir.
Address
Buena Park Ca. 90620
State Zip Code
714-527-1120
Telephone

Work Order # E 6198

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E6198

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33798

Date: 10-6, 1986

From: Marjorie C. Sullivan Address: 6795 San Arturo Buena Pk Ca. 90620

Two hundred fifty eight and 30/100 Dollars ($ 258.30)

In full Payment of Marjorie L. Tanner Service and flower vase installed

Lot 100 Grave 8 Row Section 100F Division Block 43

Invoice No.

Acct. No.

W.O. E-6198

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
30% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	115	00
Burial Containers	100 77182	45	00
Recording fees or reisc. service fees	100 77183	105.00	
Sales Tax	60101 6020	2	70
TOTAL PAID	$	258	30

PERMIT FOR DISPOSITION OF HUMAN REMAINS

CBB E6198

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marjorie Gertrude Tanner	Female	Nov. 10, 1910	Oct. 4, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James Tanner-Husband 6657 Appert Court San Diego, California 92221

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Greenwood Crematory, I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED: OCT 7 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Robert Garcia
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: [signature] DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 07 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 7 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature] 2:00 P.M.	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 6199

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (Maria) ~~[illegible]~~ Mary Brunner

in a none (Vault/Liner) Funeral, date, time Fri - 2:30 - 10/10

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 5 Grave 5 Row ____ Section MAS Division/Block D

Grave space & Care Fund ..... Pre need #6925	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ..... None —	0
Handling Fees	0
Flower vases - Marker setting fee	0
Recording and filing fees	35.00
Sales taxes	0
Total Due	$140.00
Paid receipt number 33796	140.00
Balance due	0

no Dr vault to be used.

PAID
OCT 6 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the ____ on ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Anton R Brunner
Signature

4320 Maple Ave
Address

La Mesa Calif 92041
State Zip Code

460-4613
Telephone

Invoice # ____

Acct. # ____

Work Order # E 6199

PY-593 (REV. 8-85)

E6199

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33796

Date: 10/6/86 19

From Antone Brenner Address: La Mesa Ca

One Hundred Forty and 00/100 Dollars ($ 140 00)

In full Payment of Interment Fees for

Maria Brenner Lot

Lot 5 Grave 5 Row Section MAE Division Block D

Invoice No. —

Acct. No. —

W.O. E6199

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☐ Cash ☒

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 10 1986

ISSUED BY

CREDIT 30% Sales Care	67007 77184	—	
50% Sales of Lots	100 77184	—	
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	—	
Recording fees or misc. service fees	100 77183	35	00
Sales Tax	60101 6050	—	
TOTAL PAID	$	140	00

E6199

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maria Brunner	Female	Nov. 1, 1891	Oct. 5, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Anton R. Brunner@Son 4320 Maple Avenue La Mesa, California 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort,I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Greenwood Cemetery I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED: OCT 8 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Robert Garcia
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: Anton R Brunner DATE SIGNED: 10-6-1986
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 08 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 10 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

E 6200

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Theatrice AppleBerry

in a Bell Liner (Vault/Liner) Funeral, date, time Thu 10/9 - 10:30A

Church, Chapel, Graveside Chapel - Gs. ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 140 Grave 8 Row ~~S~~ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	395 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Cement Bell Liner	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
30 Day Note — Total Due	1001.00
Paid receipt number	
Balance due	

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dorothine AppleBerry
Signature

3221 ½ J ST
Address

SAN DIE 90 92102
State Zip Code

263-2781
Telephone

Invoice # 048691

Acct. # 019450

Work Order # E 6200

PY-583 (REV. 8-85)

W.O. NO. E 6200

NOTE—STRAIGHT

$ 100/00 San Diego, California, October 6, 1986

—30— days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of One Thousand One and no/100 DOLLARS,

with interest from Nov. 7, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Delphine Applebery

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR [redacted]POSITION OF H[redacted]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6200

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THEATRIC APPLEBERRY	Male	Dec. 24, 1963	Oct. 1, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Josephine Appleberry - Mother 3221 "J" Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 7 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 9 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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.

11/24/86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33945
E6200

Date: 11-18, 1986

From Josephine Appleberry Address: 3221 "G" St S.D. Ca 92102

One thousand one and no/100 Dollars ($ 1001.00)

In full Payment of Theatric Appleberry Service

Lot 140 Grave 8 Row Section 1 Division ~~Block~~ 12

Invoice No. 048691

Acct. No. 019450

W.O. E-6260

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1001.00

E 6200

048691	10/31/86	019450	JOSEPHINE APPLEBERRY			11/18/86	CA	1,001.00	1,001.00	0.
			100	072	77181	000072		320.00		PAID IN FULL
			100	072	77182	000072		100.00		
			100	072	77183	000072		180.00		
			100	072	77184	000072		316.00		
			60101		9020			6.00		
			67007		77184			79.00		

E 6200

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot for

Date 10-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs Joseph (Florence) Wolff

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 158 Grave 2 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 33836	595.00
Balance due	-0-

PAID
OCT 14 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-14-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

(Florence)
Mrs Joseph Wolff
Signature
1214 Via Lauve Viento
Address
Lake San Marcos, Ca
State
92069
Zip Code
Telephone

Work Order # E 6201

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

Deed #11350

E6201

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33836

Date: 10-14, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 158 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E-6201

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 16 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	119 00
20% Sales of Lots	100 77184	476 00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	595 00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sophia Johnson in a Ball Liner (Vault/Liner) Funeral, date, time Thurs 10/9 - 11 Am Church, Chapel, Graveside Graveside ; Williams - L.A. Mortuary.

All Funeral cars must 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 210 Grave 2 Row ____ Section 14 Division/Block 7

Grave space & Care Fund	Pre Need E-3757 —
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	606 00
Paid receipt number 33825	606 00
Balance due	-0-

PAID
OCT 9 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

OK Thurs 10/9/86

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.

10/7 Called in by Mrs. Jackson of William's

Mildred J Crawford
Signature

I hereby authorize the interment in lot I hold under deed.

3811 W 60th St
Address

LA Ca 90043
State Zip Code

244 6826
Telephone

Signature of recorded holder of deed

Work Order # E 6202

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E6202

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33825

Date: 10-9, 1986

From: G. L. Williams Chrt. Coop. Mort. Address: 6113 Compton Ave 54, Ca 90001

Six hundred six and no/100 — Dollars ($ 606.00)

In full Payment of Sophia Johnson services

Lot 210 Grave 2 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E6202

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 16 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	80101 9020	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 8-85)

E 6202

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sophia Johnson	Female	March 15, 1903	Oct. 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Inglewood	Los Angeles	Mildred Crawford (Niece) 3811 West 60th Street Los Angeles, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
J.S. Williams-Albert L. Cooper Mortuary	F 161

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, California	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ N/A DATE SIGNED N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 7 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 9 1986 (ENTER DATE)	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 COUNTY OF DEATH 313 North Figueroa Street, Los Angeles, California 90012		

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 10/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernon Lampkin

in a Double Crypt (Vault/Lin) Funeral, date, time 1 P.M. Thur - 10/9

Church, Chapel, Graveside Church & G.S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW-Korea - A.F.

Lot 82 Grave ~~234~~ 345 Row S.W. Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Double deep O.K.	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1619.80
Paid receipt number 33848	1619.80
Balance due	-0-

PAID
OCT 16 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-16-86

I hereby certify I am the Son in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Greg Carson
Signature

4910 Solola
Address

San Diego, Ca. 92113
State Zip Code

266-8317
Telephone

Invoice #

Acct. #

Work Order # E 6203

PY-593 (REV. 8-85)

#11356

E6203

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33848

Date: 10-16, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 1619.10)

In full Payment of [illegible]

Lot 12 Grave 345 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E6203

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	119.00
80% Sales of Lots	100 77184	476.00
Openings & Service Charges	100 77181	32.00
Burial Containers	100 77182	32.00
Recording fees or misc. service fees	100 77183	35.00
Sales Tax	60101 9020	19.00
TOTAL PAID	$	1619.10

AC-212 (Rev. 8-85)

E6203

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Vernon Leroy Lampkin	Male	June 19, 1931	Oct. 3, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Stormie R. Lampkin - Wife 4896 Bunnell Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 7 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Parmer M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): OCT 9 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 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

Need help at 2:00

Date 10-7-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vesta Cook

in a liner Funeral, date, time Thurs 10/9 2:30

Church, Chapel, Graveside (Mausoleum) ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 44 Grave ____ Row 12 Section 1 Division/~~Block~~ 5

Grave space & Care Fund B-6940(1958) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee ____

Recording and filing fee 35 00

Sales taxes 6 00

PAID
OCT 9 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mary Conrad 10/9/86

Total Due 606 00

Paid receipt number 33829 606 00

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6204

Acct. # ____

PY-593 (REV. 8-85)

Will bring check day of service

E 6204

MOUNT HOPE CEMETERY

February 23 19 61

The undersigned hereby requests and authorizes the interment of the remains of

Vesta L. Cook in Lot 44 Gr ____ Row 12 Sec. 1
~~DIXXXX~~
Division 5 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

x Mary L. Dawson — 2844 Lincoln Court, National City, Cal.

Signature of relative or legal representative.

Lot Owner
Address & relationship to deceased or authority to sign authorization.

Witness

Witness

E6204

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33829

Date: 10-9, 1986

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 44 Grave Row 12 Section 1 Division Block 5

Invoice No.

Acct. No.

W.O. E6-14

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☑ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 16 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Recording fees or misc. service fees	100 77183	[illegible]
Sales Tax	60101 9020	[illegible]
TOTAL PAID	$	[illegible]

AC-212 (Rev. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6204

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VESTA L. COOK	Female	April 12, 1894	Oct. 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gladys M. Kelly - Daughter 8150 Broadway / Apt. #225 Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 8 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 9 1986 (ENTER DATE)	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 COUNTY OF DEATH N/A		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Rumm, M.D. mm

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot & trust fund for Date 10-8-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Clifford L. Jones

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 44 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Irrevocable 250 00
Additional spaces and care fund	
Opening Closing & Setup	320 00
Burial Container	100 00
Handling Fees	45 00
Flower [illegible]	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33816	856 00
Balance due	-0-

PAID
OCT 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Trust Fund

10-8-86

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.

Irrevocable

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

Mrs. Clifford E. Jones

Address

State Zip Code

Telephone

Work Order # E 6205

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

#11309

E6205

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33816

Date: 10-8, 19 86

From: [illegible] Address: 5050 Federal [illegible]

[illegible] Dollars ($ 856.00)

In [illegible] Payment of [illegible]

[illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6215

Unpaid Balance after this Payment E

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50.00
80% Sales of Lots	100 77184	200.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	6.00
TOTAL PAID	$	856.00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed trust for

Date 10-8-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances W. Leyva in a T.S. Vault Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1483 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	710 50
Paid receipt number 33817	710 50
Balance due	-0-

PAID
OCT 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-8-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Beatrice M. Blonke
Signature
6861 Cartwright St
Address
San Diego, Calif. 92120
State Zip Code
582-7804
Telephone

Work Order # E 6206

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E6206

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33817

Date: 10-9, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 711.50)

In [illegible] Payment of [illegible]

Lot [illegible] Grave _____ Row _____ Section 1 Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E-6216

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	711.50

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/9

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Low Pike

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 10/13 1:00

Church, Chapel, Graveside Eug - Robert Mortuary.

All Funeral cars must 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 2974 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	C-3117-	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container		175.00
Handling Fees		170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		10.50
Total Due		710.50
Paid receipt number	33842	710.50
Balance due		0

PAID
OCT 15 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-15-86
30 Day Note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Bernice Seggie
Signature

744 Glencoe Drive
Address

SDC 92114
State Zip Code

4625035
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6207

PY-593 (REV. 8-85)

E6207

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33842

Date: 10-15, 19

From: Address:

Dollars ($

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6207

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	5
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

E6207

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
Martha	Nottingham	Pike	Female	Sept. 9, 1891	October 9, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Mrs. Bernice Seggie-Daughter 744 Glencoe Dr. San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 Nat'l. City Blvd. National City, CA	F-284

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 10 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/13/86 (ENTER DATE)	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 COUNTY OF DEATH N/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.

MT. HOPE CEMETERY

INTERMENT ORDER

County Indigent City of San Diego

Date 10-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Aaron

of Baby Boy Taylor

in a _____ Vault/Liner Funeral, date, time Tuesday Am - 10/14

Church, Chapel, Graveside P.O. : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund We Collect -

Additional spaces and care fund .....

Opening/Closing & Setup ..... No Graveside

Burial Container ..... Just Burial

Handling Fees ..... Tues. Am.

Flower vases - Marker setting fee ..... Bill P.A.

Recording and filing fee .....

Sales taxes .....

Total Due 73.00

Called by John Predoniff at Greenwood

Paid receipt number _____

Balance due _____

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

McSw

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mother Gail Taylor

Work Order # E 6208

PY-593 (REV. 8-85)

^ Gail Taylor
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aaron Taylor - (6 mo. Fetus)

in a _____ (Vault/Liner) Funeral, date, time Tues - 9AM

Church, Chapel, Graveside _____; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ 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 ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Public adm

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6209

Acct. # _____

PY-593 (REV. 8-85)

GREENWOOD MORTUARY

4615 - [illegible] 202208

FUNERAL SERVICE ORDER / PURCHASE AGREEMENT

(DO NOT SIGN THIS CONTRACT IN BLANK)

E6209

Name of Deceased AARON TAYLOR Date of Death ___/___/___ (MO / DD / YR) Date of Service ___/___/___

Deceased's Last Address _____ City _____ State _____ Zip Code _____

Charge to S.D. PUBLIC ADMINISTRATOR (Buyer) Age _____ Telephone No. _____

Buyer's Home Address _____ City _____ State _____ Zip Code _____

Name and Home Address of Co-Buyer, if any _____ Telephone No. _____

In this contract the words I, me and my refer to the Buyer and Co-Buyer, if any, signing this contract. The words you and your refer to the Seller whose name and address appear below. For good and valuable consideration, which each party acknowledges receiving, and recognizing the love and affection that Buyer(s) had for the Deceased, I agree to buy the goods and services described below. I authorize you to prepare and care for the body of the decedent named above and to conduct the funeral and services and incur the charges listed below. You have the right to collect the total amounts due under this contract from any person who signs this contract as Buyer or Co-Buyer.

(A) PRICES CHARGED BY YOU FOR THE FOLLOWING ITEMS:

Professional & Staff Services	92.00	
Service Accessories	—	
Facilities & Equipment	—	
Certain Livery Equipment	—	
Care & Preparation of Remains		—
Casket Unit #		—
Inv. #		—
Alternative Container Unit #		—
Sub Total Acct. #		92.00
Outside Enclosure Unit Type (CIRCLE ONE) VC VS VO		—
Urns and Vases Unit Type (CIRCLE ONE) UB UW UO		—
Clothing Unit Type		—
Additional Livery		—
Crematory		—
Flowers		—
Shipping Container		—
Other		—
Total (A)		92.00

(B) CHARGES TO BE INCURRED BY YOU ON MY BEHALF (Certain Charges May Be Estimated -- e means estimate)

Cemetery	—
Crematory	—
Pallbearers	—
Public Transportation	—
Clergy Honoraria	—
Musicians or Singers	—
Gratuities	—
Flowers	—
Obituary Notices	—
Outside Funeral Directors Expenses	—
Escorts	—
Certified Copies	—
Telephone/Telegram	—
Other PERMIT	3.00
Total (B)	3.00

(C) OTHER

G/P Pre-Arranged Allowance	(—)
Pre-Arranged Allowance	(—)
Total (C)	—

(D) TAX

Total taxable amount from Section (A) + Section (C)	—
Less Deductibles	(—)
City Tax ___ %	—
Local Tax ___ %	—
State Tax ___ %	—
Use Tax ___ %	—
Total (D)	—

Total Charges: Sections (A) + (B) ± (C) + (D) $ 95.00

METHOD OF PAYMENT

Less: ☐ Cash Received on Account ($ _____)

☐ Sums consisting of my assignment to you of the proceeds of _____

_____

(type of benefit assigned) which I am making this day in a separate instrument ($ _____)

I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

UNPAID BALANCE DUE BY 10-31, 19 86 $ 95.00

I understand that no extension of credit is involved in this transaction and I further agree that I am personally liable for payment of the applicable balance due shown above, by the date above stated, to you at your address set out below and I agree that if I have not paid said sum in full by such date a **DELINQUENCY CHARGE OF TWELVE (12%) PERCENT PER ANNUM** will be charged on any portion of the unpaid principal balance due until payment in full is made. I further agree that any additional items ordered in connection with the above funeral service shall be paid by me in cash at the time ordered. We agree that time is of the essence as to this contract.

CONFIRMATION: I confirm that I have examined the above-stated items and found them to be correct and according to the arrangements selected and that prior to signing this contract, I reviewed and approved a completed copy of this Funeral Service Order / Purchase Agreement. I also confirm that I have been informed of my right to select only such services and merchandise as I desire.

YOU HAVE NOT, BY THE EXECUTION OF THIS CONTRACT WITH ME, WAIVED ANY RIGHTS YOU HAVE TO FILE A CLAIM IN THE ESTATE OF THE ABOVE-NAMED DECEDENT. ANY AMOUNTS COLLECTED BY YOU FROM THE ESTATE OF THE DECEDENT, OR FROM ANY OTHER SOURCE, SHALL BE CREDITED AGAINST ANY AMOUNT OWED BY ME UNDER THIS CONTRACT.

YOUR NOTICE TO ME (THE RETAIL BUYER): Do not sign this contract in blank. I have read the reverse side and understand that those terms are also a part of this contract. I have been advised that I am entitled to a copy of the contract at the time I sign it and that I should keep said copy to protect my legal rights.

YOU AGREE TO FURNISH ALL SERVICES AND MERCHANDISE AS INDICATED ABOVE

Executed this 10 day of OCTOBER, 19 86.

SELLER: GREENWOOD MORTUARY
INTERSTATE 805 & IMPERIAL AVE.
P. O. BOX 88
SAN DIEGO, CALIFORNIA 92112
(619) 264-3131

SIGN IN INK

ACCEPTED FOR SELLER:

By: _____ (Signature)

559-31-7735 (F.D. or Soc. Sec. #)

Signature (1) _____ (Buyer)

Signature (2) Dale Taylor (Co-Buyer, if any)

NOTICE: SEE OTHER SIDE FOR ADDITIONAL TERMS, INCLUDING DISCLAIMER OF WARRANTIES AND LIMITATION OF REMEDIES, THAT ARE PART OF THIS AGREEMENT.

RECEIPT FOR FAMILY

Form CA 104 Rev. (6/84)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot for

Date 10-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine Baxter

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 37 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495 00
Paid receipt number 33646 ✓	105.00
12/11/86 34008 ✓ Balance due	390.00
(over)	+ 100.00
	290.00

PAID
MAY 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Credit Sale 10-16-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6210

PY-593 (REV. 8-85)

#11408

		$290.00
01-15-87	- 34105 ✓	120.00
		$1,70.00
04-16-87	34438 ✓	100.00
		70.00
05-21-87	34599	70.00
		-0-

Authorized to use this lot for family

Frances Story - Daughter

Bobby Baxter - Son

E6210

To whom it may concern

I have never received a contract for this account, # E 6132. When will one be sent? -(Sent 9-24-86)

Also are there any other lots available near those of Maxine Baxter, Bobby J Baxter and myself Frances? If so would you please let Maxine Baxter know in the PM (after 3 pm) at (619) 278-9722

Thank you for your assistance

Frances Story

37-3-3-12

Lot 37-4-3-12 - available next to Frances Story

$495.00

?

"2nd Space Pre-need"

Maine 34-1-3-12

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33846

Date: 10/16/86, 19

From: Marine Baxter Address: 2469 W Ingersoll St SD 19111

One Hundred five and no/100 Dollars ($ 105.00)

In Part Payment of Credit Sale Deposit

Lot 37 Grave 4 Row 3 Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-6210

Unpaid Balance after this Payment 390.00

Pre-Need ☑ At Need ☐ On Acct ☐
Ck ☐ Cash ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY: [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	105.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	105.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

№ 34008

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/11/86, 19

From: Maxine Barter Address: 2469 W Ingersoll St SD 92111

One Hundred and no/100 Dollars ($ 100.00)

In Part Payment Payment of Credit Sale - Pre need grave

Lot 37 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6210

BALANCE DUE 290.00

Pre-Need Lot ☒ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 15 1986

ISSUED BY George Stetts

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	100.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 11-86)

Credited in file

Pink - not returned

OFFICIAL RECEIPT

№ 34105

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-15 19 87

From: Maxine Baxter Address: 2469 W Ingersoll St. SD Ca 92111

One Hundred twenty and 00/100 — Dollars ($ 120 00)

In part Payment of Preneed lot

Lot 37 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E6210

BALANCE DUE $170 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	120	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	120	00

E6210

MEMO

☒ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: Kay - TC
Ann Rice

DATE: 03-10-87

SUBJECT: Receipts
Mt Hope Cem.

FOLD →

MESSAGE

The following receipts for Mt Hope Cemetery have not been returned to Mt Hope:

09-07-86 - # 33744 *
09-15-86 - # 33739 *
01-15-87 - # 34105 *
01-16-87 - # 34109 *

} there are just some of many missing

SIGNED Barbara Mott 72

REPLY

* Logged in 9/8/86 - returned.

* Logged in 1/20/87 - returned

FOLD

SIGNED [signature]

DATE 3/12/87

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6210

№ 34438

Date: 04.16, 19[illegible]

From: [illegible] Address: [illegible]

One hundred and no/100 Dollars ($ 100.00)

In [illegible] Payment of Pre-need Lot

Lot 27 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6210

BALANCE DUE $70.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	1	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 11-86)

E6210 № 34599

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-21, 1987

From: Marvin Kayter Address: 4469 Ingersoll St. S.D. Ca 92111

Seventy and no/100 Dollars ($ 70.00)

In full Payment of Preneed Lot

Lot 37 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6210

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	70	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	70	00

AC-212 (Rev. 11-86)

Case #13514

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Thursday P.O.

Date 10-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Osmuda Martinez

in a _____ Funeral, date, time FRI 10/17 AM

Vault/Liner

Church, Chapel, Graveside Delivery Only Kagedale Mortuary.

All Funeral cars must 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 41 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	"Top" 55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number	
Balance due	

Called by Mary Dager

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

County Indigent
Signature

5201-A Ruffner
Address

SD Ca 92123
State Zip Code

Telephone

Invoice # 048695

Work Order # E 6211

Acct. # 000952

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6211

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Osmada Martinez aka Marteza Gonzalez	Female	July 10, 1959	Sept. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego County Coroner 555 Overland Avenue San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: OCT 17 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 17 1986 (ENTER DATE)	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 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

E6211

048695	10/31/86	000952	COUNTY OF SAN DIEGO			11/21/86	CK	04-721232	145.00	145.00	0.00
			100 072	77181	000072				90.00		PAID IN FULL
	E6211		100 072	77184	000072				55.00		

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 1,292.00

Case #13513

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Efrain Cisneros

in a _____ (Vault/Liner) Funeral, date, time 10-13 Mon AM

Church, Chapel, Graveside Odeum : Pacific BR Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 65 Grave 16 Row _____ Section 5 Division/~~Block~~ 7

Grave space & Care Fund	28
Additional spaces and care fund	
Opening/Closing & Setup	45
Burial Container	
Handling Fees	
~~Flower vases - Marker setting fee~~	
Recording and filing fee	
Sales taxes	
Total Due	73
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 048692

Work Order # E 6212

Acct. # 000952

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6212

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EFRAIN CISNEROS	MALE	SEPT. 8, 1986	OCT. 7, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	MARIA GUADALUPE CISNEROS–MOTHER 738 GLENVIEW LANE LA JOLLA, CA 92037

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
- ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY–3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT - 9 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MC
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 13 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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

E6212

048692	10/31/86	000952	COUNTY OF SAN DIEGO			11/21/86 CK	04-721232	73.00	73.00	0.00
	E6212		100	072				45.00		PAID IN FULL
			100	072	77184	000072		28.00		

Mortuary to bring check

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Walter Greaux

in a Bellliner (Vault/Liner) Funeral, date, time Fri 10/17 2 P.M.

Church, Chapel, Graveside ____; Bagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 124 Grave 7 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33844	856 00
Balance due	0

PAID
OCT 15 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-15-86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Signature Greaux

Address 8388 Cactus St.

State Spring Valley CA Zip Code 92077

Telephone# 479-2560 / 9535

Work Order # E 6213

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E 6213

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33844

Date: 10-15, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 856.00)

In [illegible] Payment of [illegible]

Lot 124 Grave 7 Row Section Division Block 11

Invoice No.

Acct. No.

W.O. E-6213

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50 00
60% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	300 00
Burial Containers	100 77182	100 00
Recording fees or misc. service fees	100 77183	100 00
Sales Tax	60101 9020	6 00
TOTAL PAID	$	856 00

AC-212 (Rev. 8-85)

E6213

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
David Walter Freow	Male	June 1, 1914	Oct. 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Henry L. Kreow - Son 8388 Cacus Street Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Andereon-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 15 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 17 1986 (ENTER DATE)	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 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 10/13/86

10/15

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifford Lambert

in a Liner (Vault/Liner) Funeral, date, time Tues 10/14 1:00

Church, Chapel, Graveside Chapel & G.S. ; Rogadale Mortuary.

All Funeral cars must 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 16 Grave 5 Row — Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number	
Balance due	

30 day note

Paid 5/12/88

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature [signature]

Address 2401 State

State National City 92050 Zip Code

Telephone 5841699 2669349

Invoice # 048693

Acct. # 019449

Work Order # E 6214

PY-593 (REV. 8-85)

W.O. NO. E-6214

E 6214

NOTE—STRAIGHT

$ 1101.00 San Diego, California, October 13, 1986

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Market St., San Diego, CA 92102

the sum of One Thousand One Hundred and One and no/100 DOLLARS,

with interest from November 13, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X _____ X _____

_____ _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Address

E6214

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Clifford Lambert	Male	March 8, 1926	Oct. 7, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Betty Bennett - Daughter 2401 Beta Street San Diego, CA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery : 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 14 1986
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. mtm		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 14 1986 (ENTER DATE)	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 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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT 5/16

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36147

Date: 5-12 19 88

From: Donald Lambert Address: 3620 Swift Ave SD 92104

One Thousand Seven hundred Fifty Five Dollars ($ 1,735.70)

In _____ Payment of Ole Mae & Clifton Lambert Grave

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 0846357 0486 93

Acct. No. _____

W.O. E-6214

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1735.70

AC-212 (Rev. 10-87)

E6214

048693 10/31/86 019449	BETTY BENNETT			05/12/88 CA		1,101.00	1,101.00		0.00
	100	072		77181	000072	320.00		PAID IN FULL	
E-6214	100	072		77182	000072	100.00			
	100	072		77183	000072	180.00			
	100	072		77184	000072	396.00			
	60101			9020		6.00			
	67007			77184		99.00			

Mt. Hope

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Shopshire

in a U.S. Vault (Vault/Liner) Funeral, date, time Thurs. 10/16 10:30

Church, Chapel, Graveside ____ Heathergel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 131 Grave 4 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund .... D-5902 (1975) .... Prepaid	
Additional spaces and care fund	
Opening/Closing & Setup	220 00
Burial Container	170 00
Handling Fees	115 00
Flower vases - Marker setting fee	
Recording and filing fee	3 50
Sales taxes	10 50
Total Due	710 50
Paid receipt number 33849	710 50
Balance due	-0-

PAID
OCT 16 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Wally 10-16-86

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6215

Acct. # ____

PY-583 (REV. 6-85)

E6215

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 33849

Date: 10-16, 19 86

From: Marlene Cook Address: 6170 San Angelo La Mesa Ca 92141

Seven hundred ten and 50/100 Dollars ($ 710.50)

In full Payment of Edith Shopshire Services

Lot 131 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6215

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	320	00
Burial Containers	100 77182	175	00
Recording fees or misc. service fees	100 77183	205	00
Sales Tax	60101 9020	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 8-85)

E6215

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH SHOPSHIRE	Female	2/23/1906	10/13/1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La mesa	San Diego	Marlene Cook, Daug. 6180 San Angelo St. La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cem, 3751 market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 15 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 16 1986 (ENTER DATE)	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 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

Coming from San Pedro, Ca.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Pike

in a TS Vault (Vault/Liner) Funeral, date, time Thurs. 10/16 11:30

Church, Chapel, Graveside ; McNerney's San Pedro, Ca Mortuary.

All Funeral cars must 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 3064 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund Sprinkle Head in	595.00
Additional spaces and care fund Center side of grave.	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1305.50
Paid receipt number 33845	1000.00
Balance due	305.50

Called by Peter Hill (213) 519-9565 10-15-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Peter J. Hill
Signature

427 W. 22nd St
Address

San Pedro, Ca
State Zip Code

90731
Telephone

Invoice # 048694

Acct. # 019448

Work Order # E 6216

PY-593 (REV. 8-86)

Joe Graham - McNerney's (213) 832-8351

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33845

Date: Oct 15, 19 86

From: Estate of Hill Address: 427 W. 22nd St. S.P. 90731

One Thousand and 00/100 Dollars ($ 1000.00)

In Part Payment of Interment Space for Jean Hill Doe

Lot 3064 Grave ~ Row ~ Section ~ Division Block 10

Invoice No.

Acct. No.

W.O. E-6216

Unpaid Balance after this Payment 305.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

CREDIT 20% Sales Care	67007 77184	119 00
80% Sales of Lots	100 77184	476 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	15 00
Sales Tax	60101 9020	
TOTAL PAID	$	1000 00

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐ 441

ISSUED BY

AC-212 (Rev. 8-85)

E6216 № 34013

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Stn. M.O.

Date: 12-12, 1986

From: Dolores Escalante Address: PO Box 135, San Pedro, Ca 90731

Three hundred five and 50/100 Dollars ($ 305.50)

In full Payment of Jeanne Ann Pike Services

Lot 3064 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 048694

Acct. No. 019448

W.O. E6216

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Jang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	305.50

AC-212 (Rev. 11-86)

E62116

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E62116

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/15/86

DATE: 12/15/86
TIME: 225635
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048694	10/31/86	019448	PETER J. HILL					12/12/86	CK	E62163688	305.50	305.50	0.00
			100	072		77183	000072				295.00		PAID IN FULL
			60101			9020					10.50		

E6216

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JEANNE ANN PIKE	FEMALE	MAY 14, 1950	OCT. 13, 1986

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 PEDRO	LOS ANGELES	DOLORES ESCALANTE 384½ W 15th STREET SAN PEDRO, CA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MCNERNEYS/SAN PEDRO	F-418

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY SAN DIEGO		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 15 1986 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 16 1986 (ENTER DATE)	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 COUNTY OF DEATH 313 N. FIGUEROA STREET, LOS ANGELES		

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 10-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Toya Penberthy in a Bellliner Vault/Liner Funeral, date, time 11AM - Thur 10/16 Church, Chapel, Graveside ~~Graveside~~ Graveside : Humphrey Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 606 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	595 00
Additional spaces and care fund	—
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1201 00
Paid receipt number 33841	1201 00
Balance due	-0-

PAID
OCT 15 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-15-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Richard Penberthy
Signature
6393 Badger Lake Av
Address
San Diego, CA 92119
State Zip Code
460-3245
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 6217

Acct. # _____

PY-593 (REV. 8-85)

Allow remains of Richard Penberthy to remain

E6217

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33841

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 20 1980

003795

ISSUED BY _____

CREDIT 20% Sales Cars	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

E6217

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TOYA DEL VALLE PENBERTHY	Female	10-29-1922	10-14-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Richard R. Penberthy (Husband) 6393 Badger Lake Avenue San Diego, CA 92119

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 16 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Carnes, M.D. Co.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 16 1986 (ENTER DATE)	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 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 10-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Johnson

in a Double Crypt (Vault/Liner) Funeral, date, time Mon 10/20 2P.M.

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot ~~94~~ 93-3- Grave ~~2~~ Row — Section 14 Division/~~Block~~ 7

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1024.80
Paid receipt number	
Balance due	

Bottom

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Thelma P. Gantt
Signature of recorded holder of deed

Emmastine Young
Signature

2157 Harrison Ave
Address

San Diego CA 92113
State Zip Code

232 3555
Telephone

Her Share 606.00

Invoice # 048696 / 048697

Acct. # 019446 / 019447

$606 $418.80

Work Order # E 6218

PY-593 (REV. 8-85)

W.O. NO. E6218

NOTE—STRAIGHT

$ 6606.00 San Diego, California, Oct. 16, 1986

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Six hundred six and no/100 DOLLARS,

with interest from Nov. 20, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Earnestine Young

2157 Harrison Ave S.D. CA 92113

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

048696

acct 019446

W.O. NO. E-6218.

NOTE—STRAIGHT

$ 418.80 San Diego, California. Oct 16, 1986

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Market St., San Diego, CA 92102

the sum of Four hundred eighteen and 80/100 DOLLARS,

with interest from Nov 20, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Alice M. Smith

7490 Minerva Dr S.D. 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Acct 019447
Inv 048697

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6218

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERTRUDE JOHNSON	Female	August 1, 1924	October 15, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Earnestine Young - Daughter 2157 Harrison Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary:San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 20 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MHO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/20/86 (ENTER DATE) 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 COUNTY OF DEATH: Bottom		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 6218

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/17/86

DATE: 11/17/86
TIME: 213926
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048697	10/31/86	019447	ALICE M.SMITH					11/12/86	CK	1584	418.80	418.80	0.00
			100	072		77182	000072				44.00		PAID IN FULL
			100	072		77183	000072				355.00		
			60101			9020					19.80		

E 6218

E6218

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E6218

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/27/87

DATE: 02/27/87
TIME: 201515
PAGE: 5

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
048696	10/31/86	019446	EARNESTINE YOUNG					02/24/87	CK	000830	606.00 ✓	606.00	0.00 ✓
			100	072		77181	000072				320.00 ✓		PAID IN FULL
			100	072		77182	000072				286.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Bushnell

in a _____ Vault/Liner Funeral, date, time Sat. 10/25

Church, Chapel, Graveside _____ ; Thurs. 1/23 Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ at foot - Marker to go foot also

Lot 4 Grave 2 Row 1 Section _____ Division/~~Block~~ 12

Grave space & Care Fund	215.00
Additional spaces and care fund	none -
Opening/Closing & Setup	105.00
Burial Container none	Plaster urn
Handling Fees	
Flower vases - Marker setting fe	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number 33850	355.00
Balance due	-0-

PAID
OCT 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-17-86
Private family - no Setup -

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6219

Acct. # _____

PY-593 (REV. 8-85)

E6219

[redacted] 10/13 [redacted]

Cremains of
Shirley Bursenell
Comming about
27th from Telephone
Daughter be in
about 28-30 to
get urn space - 215.00
and $140 fee - near gate
213-305-1515

Marley Ch 10/15
355
Set - no set up - 25th

Cremain Here 10/21

The #355 00

Foot 1/2 (40"x60")

Of 4-2-1-12

E6219

SUSAN C. SPENCER
60 Paseo Del Rey #208
aya Del Rey, CA 90293

E6219

Sat

No Set up
We tell
guard Where
Jeff Pick

attn -
George

PM
15 OCT
1986

LOVE
USA 22

Mount Hope Cemetery
3751 Market St.
San Diego, Calif.
92102





E6219

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33850

Date: 11-17, 1986

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In full Payment of [illegible]

Lot 4 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 6219

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 20 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	[illegible]
80% Sales of Lots	100 77184	[illegible]
Openings & Service Charges	100 77181	[illegible]
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	[illegible]
Sales Tax	60101 9020	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 8-85)

23988

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6219

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Shirley Virginia Bushnell	Female	02-27-1920	10-11-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Jolla	San Diego	PRENEED TELOPHASE: 8629 Octans Street San Diego, CA 92126

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
TELOPHASE SOCIETY 1333 Camino Del Rio So.#105 S.D. CA.	F 1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY 2299 S. Manchester Ave. Anaheim, CA	DATE CREMATED: 10-16-86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: David Young
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		-------
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: Preneed Telophase by: Kathleen Fuller

DATE SIGNED: October 11, 1986

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	OCT 15 1986	Donald L. Cannon, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): 10/23/86 4-2-1-12-EOT	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Logan Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY — INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A

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

PRE-NEED TRUST DEPOSIT FOR:

Date 10/17/86

~~You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains~~

~~of~~ Frances C. Morgan

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; ROGERS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War-time veteran _____ .

Lot 59 Grave _____ Row _____ Section MASONIC Division/~~Block~~ P

Grave space & Care Fund ..... Pre-Need Lot	-----
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... BELL LINER	100.00
Handling Fees ..... INSTALLATION OF LINER	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes ..... ON LINER	6.00
Total Due	$606.00
Paid receipt number 33875	606 00
Balance due	-0-

PAID
OCT 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-28-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Frances S. Morgan
Signature

3617 Arizona
Address

San Diego, CA 92104
State Zip Code

296-2635
Telephone

Work Order # E 6220

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E6220

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33875

Date: 10-28, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

[illegible]

Lot 59 Grave _____ Row _____ Section [illegible] Division Block F

Invoice No. _____

Acct. No. _____

W.O. E6220

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 29 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	[illegible]

63033-9022

AC-212 (Rev. 8-85)

Re-Write
E6218-Void

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/17/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Johnson

in a Bell Liner Vault/Liner Funeral, date, time Mon 10/20 1P.M

Church, Chapel, Graveside Chapel #2 : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 93 Grave 3 Row ____ Section H Division/Block 7

Grave space & Care Fund (Pre Need C-0910 - $100)	
Additional spaces and care fund	
Opening/Closing & Setup X-Deep-Bottom	320.00
Burial Container Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	31.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number	
Balance due	

Grave to be 8 ft deep
So 2nd Burial can be made

Thelma P. Gantt

I Hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Thelma P. Gantt
Signature of recorded holder of deed

Void

Signature ____

Address ____

State ____ Zip Code ____

Telephone# ____

Invoice # ____

Work Order # E 6221

Acct. # ____

PY-593 (REV. 8-85)

The single Cost
is $606 Today
if you choose
double lines
you must pay
additional fee of
$418.80 this fee
would be due from
Alice Smith or
Thelma Grantt.
must know by 9 AM Mon

E6221

E6221

10/17/86

We will change from the double Crypt and Alice Smith will not pay the note of $418.80

We will bury G. Johnson Monday in a single liner on second level so in time to come you can bury on top level. E. Young will pay us $606.00 for Monday Burial in full

George Stelton
C.M.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust Deposit for:

Date 10-17-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ova A. Curtis

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

V Lot 29 Grave _____ Row 2 Section 3 Division/Block 2

Grave space & Care Fund (C-6842 1969) Preneed

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 50 00

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

PAID
OCT 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-17-86 E-6335 12/23/86

Total Due 370 00

Paid receipt number 33853 370 00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marie Nye-Schultz
Signature
4709 SE 61st
Address
Portland, OR 97206
State Zip Code
503-775-8423
Telephone

Invoice # _____

Work Order # E 6222

Acct. # _____

PY-583 (REV. 8-85)

E6222

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 33853

Date: 10-17, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. [illegible]

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 24 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-86

Mable

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Thornton

in a liner (Vault/Liner) Funeral, date, time TUES 10/21 2:00

Church, Chapel, Graveside ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 898 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund C9583 (1971) Prenee

Additional spaces and care fund ____

Opening/Closing & Setup 320 00

Burial Container 100

Handling Fees 145

Flower vases - Marker setting fee ____

Recording and filing fee 35

Sales taxes 6 20

PAID
OCT 21 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mr. Bishop 10-21-86

Total Due 606 20

Paid receipt number 33856 606 00

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6223

Acct. # ____

PY-583 (REV. 8-86)

INTERMENT ORDER AND AUTHORIZATION

E6223

Contract No. _____ Interment No. _____ Date _____

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery MT HOPE CEMETERY
in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT MABEL THORNTON Age _____ Sex _____
In the following described interment space:

Grave _____ Lot 398 Block 10 Lawn _____ Double Depth Yes ☐ No ☐ Section _____

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature X. Michael E Thornton / Michael E Thornton / Son
(Authorized Representative) Print Name Relationship to Deceased

Address 1104 Redbud Lane Edmond OK 73034 Tel. No. 405 348 0583
Street City State Zip

Signature _____ / _____ / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel. No. _____
Street City State Zip

OFFICE USE ONLY

Interment Fee $ _____

Funeral Director _____ Tel. _____

Address _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Type of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Order Taken By _____

Location Checked and Verified _____ OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

Form 23 Rev. 10/83

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6223

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MABEL THORNTON	Female	April 12, 1915	October 17, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hazel Witty - sister 3738 Chamoune Ave. San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary, 4094 University Ave., San Diego CA	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
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 remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 21 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 21 1986 (ENTER DATE)	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 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

E6223

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33856

Date: 10-21, 19 86

From: Michael Thornton Address: 2738 Chamoune Ave L 92115

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Mabel Thornton services

Lot 898 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6223

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 24 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	220.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	60101 9020	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/21/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Pla

in a Bell (Vault/Liner) Funeral, date, time Fri 1 P.M - 10/24

Church, Chapel, Graveside Chapel & GS ; Carrolls Mortuary.

All Funeral cars must 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 79 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund Pr Need E-3605	—
Additional spaces and care fund - one - #3	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33865	606.00
Balance due	0

PAID
OCT 23 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Elks 10-23-86
-graveside-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

~~Phyllis~~ Phy Curtis

Signature [signature]

Address 1233 Crestfield rd

State El Cajon Ca Zip Code 92021

Telephone 579-2336

Invoice # _____

Acct. # _____

Work Order # E 6224

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6224

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Stanley Pla	Male	July 28, 1920	Oct. 20, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Jayne Pla - Wife 1233 Cresthill Road El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary - 684 So. Mollison El Cajon, CA	F-1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: OCT 23 ...	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Thomas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 24 1986 (ENTER DATE)	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 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*

E6224

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33865

Date: 11-23, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E6224

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

001129

CITY AUDITOR

OCT 2[illegible] 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Recording fees or misc. service fees	100 77183	[illegible]
Sales Tax	60101 9020	[illegible]
TOTAL PAID	$	[illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/21/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Mae Alfred

in a [redacted] T.S Vault Funeral, date, time Fri - 12:30 - 10/24
Vault/Liner

Church, Chapel, Graveside Chapel & G.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 119 Grave 11 Row 2 Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 33855	960.50
Balance due	-0-

PAID
OCT 21 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Before Fa. noon
10-21-86

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Adam Alfred
Signature

236 S PARDEE ST
Address

SAN DIEGO CALIF 92113
State Zip Code

619 239 7281
Telephone

Invoice #

Acct. #

Work Order # E 6225

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6225

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Laura Mae Alfred	Female	May 14, 1923	Oct. 20, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Adam Alfred - Husband 236 South Bardee Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 22 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 24 1986 (ENTER DATE)	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 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.

E6225

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33855

Date: 10-21, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 961.50)

In [illegible] Payment of [illegible]

Lot 119 Grave 11 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. E6225

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 24 1985

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	[illegible]
80% Sales of Lots	100 77184	201.00
Openings & Service Charges	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Recording fees or misc. service fees	100 77183	[illegible]
Sales Tax	60101 9020	10.50
TOTAL PAID	$	961.50

D.S.U.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy (Roy) Thornton

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 10/31 1:30

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ Actual Burial 11/6 86 THUR

Lot 13 Grave 9 Row ____ Section 2 Division/Block 7

Grave space & Care Fund A-2960 (1951) Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup 105 00

Burial Container 40 00

Handling Fees 60 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 2 40

Called by 10-30-86 Total Due 242 40

Mrs. Hefflefinger Paid receipt number 33879 80 00

Balance due $162.40

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Albert T Thornton
Signature of recorded holder of deed

Albert T Thornton
Signature

2991 Morningside st,
Address

CA. 92139
State Zip Code

475-0926
Telephone

Right - head

Invoice # 049806

Work Order # E 6226

Acct. # 019817

PY-693 (REV. 8-85)

E 6226

049806 12/03/86 019817	ALBERT THORNTON				12/10/86 CK	1827	162.40	162.40	0.00
	100	072	77181	000072			25.00		PAID IN FULL
E6226	100	072	77182	000072			40.00		
	100	072	77183	000072			95.00		
	60101		78390				2.40		

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 62226

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Roy Lester Thornton	Male	March 1, 1915	Oct. 14, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Albert Thornton-Brother 2891 Morningside Street San Diego, California 92139

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego,	CA F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA	COUNTY: San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Greenwood Crematory I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED: OCT 31 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Robert Garcia
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ X Albert Thornton	DATE SIGNED: October 23, 1986
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 27 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 6 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgew Stath	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

E6226

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

004334 33879

Date: 10-30, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 13 Grave 7 Row Section Division Block 7

Invoice No.

Acct. No.

W.O. E6226

Unpaid Balance after this Payment $ [illegible]

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 5 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	80	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	80	00

AC-212 (Rev. 6-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 62226

№ 34005

Date: 12-10, 19 16

From: Georgia ~~[illegible]~~ Thornton Address: 5833 Streamview Dr. SD Ca 92115

One sixty two and 40/100 Dollars ($ 162.40)

In full Payment of Leroy Thornton Services

Lot 13 Grave 9 Row Section 2 Division Block 7

Invoice No. 049806

Acct. No. 019817

W.O. E-6226

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	162.40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot Sales for

Date 10-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Villa C. &/or Lula Turner

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 41 Grave 1 & 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	~~$200.00~~ $500.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	~~$200.00~~ $500.00
Paid receipt number 33857 ✓	20.00
Balance due	480.00

10-21-86

(over)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6227

Acct. # _____

PY-593 (REV. 8-85)

12-8-86	33988 ✓	480 00
		20 00
		460 00
1-5-87	34059 ✓	20 00
		440 00
02-05-87	34170 ✓	20 00
		420 00
03-10-87	34291 ✓	20 00
		400 00
04-10-87	34415 ✓	20 00
		380 00
05-05-87	34530 ✓	20 00
		360 00
06-04-87	34657	20 00
		340 00
07-06-87	34773	20 —
		320 00
09-08-87	35003	20.00
		300.00
10-6-87	35116	20.00
		280.00
11-6-87	35257	20.00
		260.00
12-10-87	35412	20.00
		240 00
1-88	35537	20.00
		220 00

E 6227

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33857

Date: 10/21/86, 19

From: Villa Turner Address: SD 92102

Twenty and 00/100 Dollars ($ 20.00)

In D.P. Cabinet Payment of Credit Sale - 2 Sp Pr need

Lot 41 Grave 142 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. PN E 6227

Unpaid Balance after this Payment 480.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 24 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	20	00

AC-212 (Rev. 8-85)

E6227 № 33988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-[illegible], 19[illegible]

From: Villa Turner Address: 707 Quail [illegible] 92102

Twenty and no/100 Dollars ($ 20.00)

In Part Payment of Credit Lot Sale

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $460.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 1[illegible]

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on or before due date above 10th $ 20.00

Amount due if paid more than ____ days after due date above $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 34059

Date: 01-05, 1987

From: Villa C. Turner Address: 117 Quail, Ed Ca 92025

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Credit for Sales

Lot 41 Grave 1 + 2 Row Section 9 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $440.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 08 1987

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63003 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY B. Long

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34170

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/5, 1987

From: Vilia Turner Address: 707 Quail - SD 91702

Twenty and no/100 Dollars ($ 20.00)

In Coupon 3 Payment of Preneed lot(s)

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before, due date above. $ 20.00

th

Amount due if paid more than ____ days after due date above $ 20.00

Cash

$

Amount Received $

NAME

ADDRESS

Rec 34170

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 34291

E6227

Date: 03-10, 19 17

From: Villa C. Turner Address: 7 Quail St Sd Ca 92103

Twenty and no/100 Dollars ($ 20.00)

In Part Payment of Pre-need lot(s)

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Wang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on or before due date above: th ▶ $ 20.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34415

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-10, 19 87

From: Villa C. Turner Address: 707 Quad Sd Ca 92102

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Preneed Lot(s)

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6227

BALANCE DUE $380.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on, or before due date above. $ 20.00

10th

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

E6227 № 34530

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-05, 19 17

From: Villa Turner Address: 707 Quail Sd, Ca 92102

twenty and no/100 Dollars ($ 20.00)

In Part Payment of Pre-need lot(s)

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $360.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on or before due date above: 3th ▶ $ 20.00

Amount due if paid more than ____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6227 № 34657

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-04, 19 87

From: Villa Turner Address: 707 Quail, SD Ca 92102

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Preneed lot

Lot 41 Grave 1 & 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6227

BALANCE DUE $346.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on or before due date above. $ 20.00

Oth

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E6227 № 34773

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-6, 1987

From: Villa Turner Address: 707 Quail SD

Twenty Dollars ($ 20 -)

In _____ Payment of Coupon # 6 Credit Lot

Lot 41 Grave 1/2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE $320

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above: 9th ▶ $ 20.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35116

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-6, 1987

From: Villa & Lula Turner Address: 707 Quail St. SD 92102

Twenty Dollars Dollars ($ 20.00)

In _____ Payment of Coupon #11 Lot Sale

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 280.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** 1[redacted]

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on, or before due date above ▶ $ 20.00

'th

Amount due if paid more than ____ days after due date above ▶ $ ____

20.00 cash 10/1

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35257

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-6 19 87

From: Velle C. Turner Address: 707 Quail L.P. Ca. 92102

Twenty Dollars Dollars ($ 20.00)

In part Payment of Pre Need Lot

Lot 41 Grave 102 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6227

BALANCE DUE 260.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Brad Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on or before due date above: 1th ▶ $ 20.00

Amount due if paid more than ____ days after due date above: ▶ $ 20.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS 707 Quail St

CITY S D STATE Ca ZIP 92102

☐ check (✓) if this is new address

№ 35003

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-8, 1987

From: Villa Fusco Address: 707 Quail, SD 92102

Twenty Dollars Dollars ($ 20.00)

In _____ Payment of Carrizo #10 Credit Lot

Lot 41 Grave 182 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE $300.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

AC-212 (Rev. 11-86)

347

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							-		-		X

Amount due when paid on, or before, due date above: 0th ▶ $ 20.00

Amount due if paid more than ____ days after due date above: ▶ $ 20.00

$ ____

Amount Received $ 20.00

NAME Villa C Turner

ADDRESS 707 Quail Lt

CITY S D STATE Ca ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35537

Date: 1-8, 1988

From: Villa Turner Address: 707 Quail, SD 92102

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Oxygen # 14 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 220.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

367

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 13 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before, due date above: 1th ▶ $ 20.00

Amount due if paid more than ____ days after due date above ▶ $ 20.40

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35691

Date: 2-9, 1988

From: Villa Turner Address: 707 Quail, SD, CA

twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon # 15 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 12 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. S/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before, due date above. 7th ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35853

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-9, 1988

From: Villa Turner Address: 707 Pearl SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon #16 Trust Lot

Lot 41 Grave 1&2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 11 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before, due date above. 9th ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 20.00

Cash $20
GWS

$ ____

Amount Received $ ____

NAME 3/9/88

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35989-A

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-7, 1988

From: Villa Turner Address: 707 Quail, SD
Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Oregon 17 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 14 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on, or before due date above th $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

Cash
4/7- 20.00 [illegible]

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35412

Date: 12-10, 1987

From: Villac/Lulu Turner Address: 707 Quail S.D. 92102

Twenty-dollars 00/100 Dollars ($ 20.00)

In part Payment of Credit lot sales coupon # 13

Lot 41 Grave 1&2 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6227

BALANCE DUE 240.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Dora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance. **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6227

Villa C. c/o Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on or before due date above ▶ $ 20.00

Amount due if paid more than ____ days after due date above ▶ $ _____

20.00 Cash

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36112

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-6, 19 88

From: Lula Turner Address: 707 Quail, San Diego

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon # 16 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 140.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 11 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36242

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-6, 19 88

From: Villa Turner Address: 707 Quail Street, SD

twenty dollars 00/100 Dollars ($ 20.00)

In _____ Payment of Coupon 19 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 120.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

409

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. c/o Lula Turner
707 Quail
San Diego, CA 92102

E6227

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on, or before, due date above. /eh ▶ $ 20.00

Amount due if paid more than ____ days after due date above, ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36388

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-8, 19 88

From: Villa Turner Address: 707 Quail Street, SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

424

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra [illegible]

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above 7th ▶ $ 20.00

Amount due if paid more than ____ days after due date above / ▶ $ 20.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E6227 N: 36540

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-9, 1988

From: [illegible] C. Turner Address: 707 [illegible] Street

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot Sales

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6227

BALANCE DUE 80.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184	20	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

AC-212 (Rev. 10-87)

440

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-6227

Villa C. &/or Dale Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on, or before due date above Feb ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36656

Date: 9-7 19 88

From: Villa Serra Address: 707 Grand Street, SD 92102

Twenty Dollars 20/100 Dollars ($ 20.00)

In Payment of Coupon 22 Credit Lot

Lot 41 Grave 182 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6227

BALANCE DUE 60.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

457

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

SEP 14 1988

ISSUED BY Linda Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 76390		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Villa C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before, due date above: 1th $ 20.00

Amount due if paid more than _____ days after due date above: $ [illegible]

Ck# 459
$20.00
Sub

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36808

Date: 10-10, 19 88

From: Villa Turner Address: 707 Quail Street SD

twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 23 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-62207

BALANCE DUE 20.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

482

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 14 1988

ISSUED BY [signature]

CREDIT	67007	20.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0227

Villa C. c/o Lula Turner
707 Quail
San Diego, CA 92102

E-0227

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on or before due date above ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Turner, Villa C. & Lula ACCT. NO. E-6227

ADDRESS 707 Quail, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Oct 21	86	Lot 41, Graves 1 & 2, Section 2, Division 11	500 00		280 00	220 00
2-9	88	Coupon #15, Receipt #35691			20 00	200 00
3-9	88	Coupon #16, Receipt #35853			20 00	180 00
4-7	88	Coupon 17, Receipt 35989			20 00	160 00
5-6	88	Coupon 18, Receipt 36112			20 00	140 00
6-6	88	Coupon #19 Receipt 36242			20 00	120 00
7-8	88	Coupon #20 Receipt 36388			20 00	100 00
8-9	88	Coupon 21 Receipt 36540			20 00	80 00
9-7	88	Coupon #22, Receipt 36656			20 00	60 00
10-21	86	Deposit 20, Receipt 33857			20 00	40 00
10-10	88	Coupon 23, Receipt 36808			20 00	20 00
11-3	88	Coupon 24,			20 00	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6227 № 36912

Date: 11-4, 1988

From: Villa Turner Address: 707 Quail, San Diego, CA 92102

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of coupon 24 Credit Lot

Lot 41 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6227

BALANCE DUE Paid in full

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

498

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6227

Ville C. &/or Lula Turner
707 Quail
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on or before due date above $ 10.00

Amount due if paid more than _____ days after due date above $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/22/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodore Roosevelt Burton

in a Bell Liner (Vault/Liner) Funeral, date, time Monday - 10/27 - 2 P.M

Church, Chapel, Graveside Church - GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 43 Grave 8 Row — Section 2 Division/[redacted] 11

Grave space & Care Fund	250.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container Bell Concrete Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 33868 868	250.00
Balance due	606.00

Paid 5/20/88

Overtime $100 Due 706.00

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 910 S. Euclid #68

State CA Zip Code 92050

Telephone 470-9272

049802

Invoice # 048698

Acct. # 019445

Work Order # E 6228

PY-583 (REV 8-85)

W.O. NO. 33868

E6228

NOTE—STRAIGHT

$ 606.00 - 30 - San Diego, California, October 27, 1986

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Six Hundred Six and 00 DOLLARS,

with interest from November 30, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-6228

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THRODORE ROOSEVELT BURTON	Male	Jan. 9, 1914	Oct. 21, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Teola Burton - Wife 6223 Varney Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 3050 Federal Bl. San Diego, Ca.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street; San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: OCT 24 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 27 1986 (ENTER DATE)	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 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.

E6228

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33868

Date: 10/27/86, 19

From: Ted R. Burton Address: Nat City 92050

Two Hundred fifty and no/100 Dollars ($ 250.00)

In Pay Payment of Interment fees for Theodore Bernard Burton

Lot 43 Grave 8 Row 2 Section 2 Division Block 11

Invoice No. 2

Acct. No. 2

W.O. E6228

Unpaid Balance after this Payment $606.00

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

397

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	—	
Burial Containers	100 77182	—	
Recording fees or misc. service fees	100 77183	—	
Sales Tax	60101 9020	—	
TOTAL PAID	$	250	00

12/2/86

#49802

Invoiced for $260.00

Includes $10.00 for NSF Check

Inv. 048698 for $706.00

includes $150 late fee (overtime)

E6228

E6228

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/25/88

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
049802	12/03/86	019445	TED BURTON					05/20/88	CA	695433	260.00	260.00	0.00
	E-6228		100	072		77100	000072				10.00		PAID IN FULL
			100	072		77184	000072				200.00		
			67007			77184					50.00		

Eddie
1927

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/22/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stanley Clark Peterson

in a Double Crypt (Vault/Crypt) Funeral, date, time Fri 10:30 am 10/24

Church, Chapel, Graveside Graveside ; Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ~~No~~ Yes - WW2 - Marine

Lot 771 Grave ~ Row ~ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	595 00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container Concrete Double Crypt	330 00
Handling Fees	320 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales Taxes	19.80
Total Due	1619.80
Paid receipt number 33861	1619.80
Balance due	-0-

PAID
OCT 22 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Marion B. Peterson
Signature
4695 Fargo Ave
Address
San Diego Ca 92117
State Zip Code
274-5996
Telephone

Invoice # _____

Work Order # E 6229

Acct. # _____

PY-593 (REV. 8-85)

#11357

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6229

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
STANLEY CHRIS PETERSEN	MALE	JUNE 7, 1927	FOUND OCT. 21, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	MARION B. PETERSEN-WIFE 4695 FARGO AVE. SAN DIEGO, CA 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 23 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald S. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 24 1986 (ENTER DATE)	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 COUNTY OF DEATH N/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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33861

Date: 10/22, 1986

From: Marion B Petersen Address: 4695 Fargo St. S.D. - 92117

Sixteen Hundred Nineteen and 80/100 Dollars ($ 1619.80)

In full Payment of Interment fees for Stanley C. Petersen and Companion (Double Crypt)

Lot 771 Grave — Row — Section -1- Division Block 8

Invoice No.

Acct. No.

W.O. E 6229

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	119.00
80% Sales of Lots	100 77184	476.00
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	330.00
Recording fees or misc. service fees	100 77183	355.00
Sales Tax	60101 9020	19.80
TOTAL PAID	$	1619.80

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED TRUST ACCOUNT
FOR:

Date 10/23/86

~~You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains~~
of REV. DR. Vernon M. Blackman

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 115 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	Pre-Need Lot E-4001
Additional spaces and care fund	
Opening/Closing & Setup	$320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	$606.00
Paid receipt number 33915	606.00
Balance due	-0-

PAID
NOV 13 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

$56.00 Down payment
$55.00 - 10 payments
11-13-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

5330 Orange Ave STE 2B
Address

San Diego, CA 92115
State Zip Code

265-7809
Telephone

Invoice # _____

Work Order # E 6230

Acct. # _____

PY-593 (REV. 8-85)

E6230 № 33915

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-12, 19 86

From: Rev. Dr. Vernon Blackman Address: 5330 Orange Ave Ste 2B La Mesa Ca 92041

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Prepaid trust deposit

Lot 115 Grave 9 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E 6230

BALANCE DUE Check #6090 $300 payment attached

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 17 1986

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	606 00
Sales Tax	60101 78390	
TOTAL PAID	$	606 00

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Carlson (DOB 7/28/06)

in a not purchased Vault/Liner Funeral, date, time not arranged

Church, Chapel, Graveside Pre-need Sale only Mortuary.

All Funeral cars must 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 86 Grave 2 Row — Section 1 Division/Block 12

Grave space & Care Fund		495.00
Additional spaces and care fund	None	—
Opening/Closing & Setup	Later	—
Burial Container	Later	—
Handling Fees	Later	—
Flower vases - Marker setting fee	Later	—
Recording and filing fee	Later	—
Sales taxes	None apply	
	Total Due	495.00
	Paid receipt number	
	Balance due	

Called in by Don Billings - P.G. office

E 6275

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

for Charles Lee only

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6231

PY-593 (REV. 8-85)

E 6231

Mount Hope - Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE: 10/23/86

YOUR ORDER NO.:

TO: ~~Bill~~ Don Billings - P.G. offic
Charles Carlson

DESCRIPTION OF CHARGE	AMOUNT
Pre need Purchase for own and personal use of Charles Carlson no resale value - Pre need Grave Space in Mt Hope Cemetery with care fund paid - Burial service not paid -	$495.00
Lot 86, Sp 2, Sec 1, Dw 12	

FORM PR-955 (10/64)

Frank Bidwin, PA

P.A # 13640

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rubio Alfredo

in a NONE (Vault/Liner) Funeral, date, time Mon. 10/27 - 12:15

Church, Chapel, Graveside Drop off ; Mishly & Mitchell Harry Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 37 Grave 1 Row — Section 1 Division/Block 12

Grave space & Care Fund Double deep -	55
Additional spaces and care fund on Bottom	
Opening/Closing & Setup	90
Burial Container Flat china	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 048699

Acct. # 000952

Work Order # E 6232

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6232

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALFREDO RUBIO	MALE	OCT 19, 1915	OCT 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XXX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 27 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: OCT 27 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
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.

E6238 № 34164

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-14, 19 99

From: County of SD Address: 5201-A Ruffin Rd SD Ca 92123

Thirteen hundred seventy eight and 00/100 Dollars ($ 1378.00)

In full Payment of Rubin, McCloskey, Henson, Watson, Martinson, Green, Doe #1641-86, Doe #1590-86, Doe #1622 and Capron Services

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. (10)

Acct. No. 00095

E-6232, 46, 99, 78, 98, 6202

W.O. [illegible]

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1378.00

AC-212 (Rev. 11-86)

Inv. # 6[illegible], 49[illegible], 49[illegible], 49816, 50[illegible], 50390, 50391, 50392, 50393, 51794

E6232

			---	--						
1S02048699	10/31/86	000952	COUNTY OF SAN DIEGO			02/04/87 CK	04-763496	145.00 ✓	145.00	0.00 ✓
	E6232		100	072	77181	000072		90.00		PAID IN FULL
			100	072	77184	000072	mt Hope	55.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William F. Rector

in a T.S. Vault Vault/Liner Funeral, date, time Wed 10/29 / 2:30

Church, Chapel, Graveside Drop off Ernest Adkinson Mortuary.

All Funeral cars must 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 2157 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Purchase # C-9652	Pd
Additional spaces and care fund Sp 2158	—
Opening/Closing & Setup	320.00
Burial Container T.S. County Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 33867	710.50
Balance due	0

PAID
OCT 27 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify that I am the son of the above named decedent and request disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Richard E. Rector
Signature
X 7913 ANDERS CIRCLE
Address
X LA MESA, CA 92042-1901
City, State Zip Code
X (619) 469-6400
Telephone

Work Order # E 6233

Invoice # _____

Acct. # _____

PY-553 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6233

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
William Frederick Rector JR.	Male	May 25, 1905	Oct. 26, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Richard E. Rector (Son) 7913 Anders Circle La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary 8390 Allison Ave., LA Mesa, CA 92041	F296

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 29 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 29 1986 (ENTER DATE)	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 COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E6233

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33867

Date: 10/27/86, 19

From: Richard Gaston Address: La Mesa Ca 92041

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for William F. Gaston Dec

Lot 2157 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-6233

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	125.00
Recording fees or misc. service fees	100 77183	205.00
Sales Tax	60101 9020	10.50
TOTAL PAID	$	710.50

AC-212 (Rev. 8-85)

Pre Need Space

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter P/ Emma E. Cross

in a Double Crypt - (Vault/Lining) Funeral, date, time - Pre-Need -

Church, Chapel, Graveside ____; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 131 Grave 6 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ... for Double Crypt.	250 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250 00
Paid receipt number 33871	250 00
Balance due	0

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

X Walter P Cross
Signature

325 Kempton Rd
Address

Spring Valley 92077
State Zip Code

479-2184
Telephone

Invoice # ____

Work Order # E 6234

Acct. # ____

PY-593 (REV. 8-85)

#11358

E6234

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33871

Date: 10/27/86, 19

From: Walter Pond Emma Cross Address: Spring Valley -

Two Hundred fifty and no/100 Dollars ($ 250.00)

In full Payment of Grave Space for Walter & Emma Cross

Pre need - - Paid in full -

Lot 131 Grave 6 Row — Section -2- Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-6234

Unpaid Balance after this Payment —

Pre-Need ☒ At Need ☐ On Acct ☐

Ck ☒ Cash ☐

1039 - See 33870

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	250	00

Prebud Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter P. & Emma E. Cross

in a Double Crypt (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Rosen Mortuary.

All Funeral cars must 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 131 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... See E 6234	
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container ..... Double Crypt ..... Trust	330 00
Handling Fees	320 00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1024.80
Paid receipt number 33870	1024.80
Balance due	0

Trust

over

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Walter P. Cross
Signature

Address _____

State _____ Zip Code

Telephone _____

Work Order # E 6235

Invoice # _____

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 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.

Pre Need Trust

E 6235

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33870

Date: 10/27/86, 19

From: Walter P. Cross Address: Spring Valley

One Thousand Twenty four and 80/100 Dollars ($ 1024 80)

In full Depart Payment of Double Crypt and Opening & Closing & Record fee for either Walter P or Emma E. Cross — Pre-Need

Lot 131 Grave 6 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6235

Unpaid Balance after this Payment — Trust

Trust

Pre-Need ☒ At Need ☐ On Acct ☐

Ck ☒ Cash ☐

1039-

See 33871

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 29 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Trust Sales Tax	60101 9020	1024	80
TOTAL PAID	$	1024	80

63033-9022

E 6235

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP NO 330473

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of lot and pre-need trust. Owners have decided to be cremated. Ownership of lot will revert back to cemetery.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)
Refund

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 02 / 15 / 94

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME / ADDRESS / CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A B C D	Walter P. Cross 12970 Highway 8, Space #53 El Cajon, CA 92021	Refund		4		$1,224.80		

TOTAL AMOUNT $ 1,224.80

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ENC	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100	072		77184					$ 200.00
		100	072		77181					320.00
		100	072		77182					330.00
		100	072		77183					35.00
		100	072		77185					320.00
		60101	072		78390					19.80

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

JoAnn Waits
DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY: Kathy Wigdahl | PHONE: 527-3400 | DATE: 2/1/94 | DEPT./ DIV. NAME: Prop./Mt. Hope Cemetery | M.S.: # 72

DP NO 330473

38 (REV. 5-86) 593525

Check 1122 NSP

Call Sam-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinter 2 day old baby (1968) and re-inter w/ Robert W. Sanders

Date 10-27-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Walter Sanders

in a Double Crypt (Vault/Liner) Funeral, date, time Wed 10/29 2:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 47 Grave 8 Row _____ Section 16 Division/~~Block~~ 7

Disinter & Re-inter Grave space & Care Fund	200.00
Additional spaces and care fund Edgar M. D. Sanders	
Opening/Closing & Setup	320.00
Burial Container Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1224.80
Paid receipt number 33873	224.80
Balance due	1000.00
	1234.80

Baby Disinterred and Burial in "foot" Inside of Cashet of Butter Robert Sanders

10-27-86 Bounced

new bal

Paid 8/19/87

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Theodore C Sanders
Signature of recorded holder of deed

Theodore C Sanders
Signature

1228 Old Chase Ave
Address

El Cajon Cal 92020
State Zip Code

440 7630
Telephone

Invoice # 049801

Acct. # 019815

Work Order # E 6236

PY-593 (REV. 8-85)

(over)

Disinter
Edgar M.D. Sanders
2 day old baby
12-31-68
2' wooden casket

Baby grave was opened approx 1' in front of marker.

place back in grave
w/ Robert Walter Sanders.

Double Crypt to
allow for future
burial of Mary
Doxtater.

E6236

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Oct. 27 (MONTH) 1986 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Edgar Marvin Doxtater Sanders

from Lot 47 Grave 8 Section 16 Row ____ Block ____ Div 7
and to remove the same to and reinter said remains in Lot 47 Grave 8
Section 16 Row ____ Block ____ Div 7.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

Theodore C Sanders		
Signature	Signature	Signature
Father		
Relation to deceased	Relation to deceased	Relation to deceased
1228 Old Chase Ave		
Address	Address	Address
El Cajon Cal 92020		

I hereby authorized the above disinterment:

Theodore C Sanders
(Lot owner must sign if not legal custodian)

E6236 Birgie Roberts

Edgar M. D. Sanders.
C 6646

Interred 12-31-68

47-8-16-7

2 day old baby

2' Casket

- Wooden casket -
Opened 1 foot in
front of marker

alex

Quoted $200.00 disinter

+ $606 w/liner
or $710.50 w/ vault

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E62236

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert Walter Sanders	Male	May 16, 1963	Oct. 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ted Sanders-Father 1228 Old Chase Avenue El Cajon, California 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave. San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Ted Sanders DATE SIGNED 10/27/86
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 28 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romack M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 29 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Grazyna Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E6234

Backed out on DCR 004909

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Check bounced

№ 33873

Date: 10-27, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 47 Grave [illegible] Row [illegible] Section [illegible] Division Block 7

Invoice No. [illegible]

Acct. No. [illegible]

W.O. [illegible]

Unpaid Balance after this Payment $ 1000

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 29 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	5	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	200	00
Sales Tax	60101 9020	19	80
TOTAL PAID	$	224	80

AC 212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Milly Krauss in a Bell Liner (Vault/Liner) Funeral, date, time Wed. 10/29 11:00 Church, Chapel, Graveside Delivery Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3255 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund C-7541 (1969) Preneed

Additional spaces and care fund C-7541 (1969)

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

PAID
OCT 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check. 10-29-86 Total Due 35.00

Paid receipt number 33876 35.00

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6237

Acct. # ____

PY-593 (REV. 8-85)

E 0237

HUMPHREY MORTUARY
5 BROADWAY
CHULA VISTA, CA 92011

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

NO 40998

DELUXE FORM TWC-3 V-5

DATE	DESCRIPTION	AMOUNT	DISTRIBUTIONS ACCT. NO.	DISTRIBUTIONS AMOUNT
	October 28, 1986 Mt. Hope			
	Recording fee charges for: Milly Krauss			$35.00

EMPLOYEE _____

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS F.I.C.A.	WITHHOLDING U.S. INC. TAX	S.D.I.	STATE INCOME TAX					TOTAL DEDUCTIONS	NET PAY

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Milly	-	Krauss	October 24, 1986	0600

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	White/German	NO XX No	December 4, 1891	94 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Germany	Simon Augost Wilk - Germany	Louisa Friedrich - Germany

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19 -- TO 19 --	523-05-0073	Widowed	

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Real Estate Broker	35	Art Leitsch	Real Estate

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
69 La Palma		Newbury Park

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Ventura	CA	Carla Royce - Daughter 69 La Palma Newbury Park, CA 91320

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Ventura
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
69 La Palma	Newbury Park

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) CARDIAC ARREST — minutes

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B) ATHEROSCLEROTIC VASCULAR DISEASE — 30 years

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes #1470-86

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: POST STROKES

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 4-23-75

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 10-17-86

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: J. Thomas Millington M.D.

28C. DATE SIGNED: 27-04-86

28D. PHYSICIAN'S LICENSE NUMBER: G-1925-1

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: J. Thomas Millington, M.D., 268 Lombard St., Thousand Oaks, CA

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Oct. 29, 1986	Mt. Hope Cemetery, San Diego, CA	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Griffin Brothers Mortuary Thousand Oaks, CA	F 1055		

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-83)

E 6237

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6237

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Milly Krauss	Female	Dec. 4, 1891	Oct. 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Newbury Park	Ventura	Carla Royce - Daughter 69 La Palma Newbury Park, CA 91320

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Griffin Brothers Mortuary-Thousand Oaks	F 1055

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: na	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: na		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: na		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: 10-27-86	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Sarah L. Fuller, M.D. Lodi
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 29 1986 (ENTER DATE)	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 COUNTY OF DEATH: Ventura Health Dept., 3147 Loma Vista Road, Ventura, CA 93003		

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.

E 6237

FICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33876

Date: 10-29, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 25.00)

In [illegible] Payment of [illegible]

004223

Lot 3255 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6237

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 31 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	25.00
Sales Tax	60101 9020	
TOTAL PAID	$	25.00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Blanche Henry

in a Bell liner (Vault/Liner) Funeral, date, time Fri 10/31 2:00

Church, Chapel, Graveside ____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 46 Grave 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1101 00
Paid receipt number 33877 10-29-86	495 00
Balance due	606 00

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

James Henry
Signature of recorded holder of deed

James Henry
Signature
5278 Lightner St
Address
San Diego Ca. 92105
State Zip Code
582-9395
Telephone

Work Order # E 6238

Invoice # 049803

Acct. # 019816

PY-593 (REV. 8-85)

W.O. NO. E6238

NOTE—STRAIGHT

$ 606.00 San Diego, California, Oct 31, 1986

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Six hundred six and no/100 DOLLARS,

with interest from Dec. 1, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

5278 Wightman St. San Diego Ca.

X James Henry

5278 Wightman St. San Diego Ca.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-6238

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNA BLANCHE HENRY	Female	Nov. 22, 1923	Oct. 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James Henry - Husband 5278 Wightman Street San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.:San Diego, California 5050 Federal Blvd.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED OCT 31 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON OCT 31 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Seazen Stetler	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

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E 6238

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 33877

Date: 11-27, 19 16

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

[illegible]

Lot 46 Grave 9 Row Section Division Block 12

Invoice No.

Acct. No.

W.O. E 6238

Unpaid Balance after this Payment $[illegible]

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☐ Cash ☒

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	396.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	495.00

OFFICIAL RECEIPT

№ 34084
1-14-87

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Jan 12, 1987

From: James Henry Address: 5278 Wightman St S.D.

One Hundred Dollars ($ 100.00)

In Part Payment of Invoice #049803

Lot 46 Grave 9 Row Section 3 Division Block 12

Invoice No. 049803

Acct. No. 019816

W.O. E-6238

BALANCE DUE 506.00

Pre-Need Lot ☐ At Need ☑ On Acct ☒
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gregory Stetler

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

AC-212 (Rev. 11-86)

new address
6166 Alderley St
San Diego Ca 92114
263-6086

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 019816 INVOICE: 049803 INV DATE: 12 03 86

NAME: JAMES HENRY

1) 5278 WIGHTMAN STREET 2) _____

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92105 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-6238 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 606.00

DESCRIPTION OF CHARGE	AMOUNT
ANNA BLANCHE HENRY SERVICES	
LOT 46 GR 9 SEC 3 DIVN 12	495.00
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
LESS PAYMENT R-33877	495.00-
TOTAL DUE	606.00

PAID
MAR 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

606 00

1-14-87 100 00

506 00

02-02-87 34157 ✓ 100 00

02-12-87 34203 ✓ 406 00 100 00

$306 00

03-11-87 34301 106 00

$200 00

03-18-87 34332 200 00

0

-6238

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/15/87

DATE: 01/15/87
TIME: 011645
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
049803	12/03/86	019816	JAMES HENRY					01/14/87	CA		100.00	606.00	506.00
E6238			100	072		77181	000072				52.81		PARTIAL PAYMENT
			100	072		77182	000072				16.50		
			100	072		77183	000072				29.70		
			60101			78390					0.99		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 100.00

№ 34157

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-02, 19 87

From: James Henry Address: 5278 Wightman St Ca 92105

One hundred and no/00 — Dollars ($ 100.00)

In Cash Payment of Anna Blanche Henry service

Lot 46 Grave 9 Row Section 3 Division Block 12

Invoice No. 049803

Acct. No. 019816

W.O. E-6238

BALANCE DUE $406.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

2/9/87

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 11-86)

E 6238

12028 049803 12/03/86 019816 JAMES HENRY 02/02/87 CA E6238 100.00 606.00 406.00

100	072	77181	000072		52.81 ✓	PARTIAL PAYMENT
100	072	77182	000072		16.50	
100	072	77183	000072	mt Hope	29.70	
60101		78390			0.99	

OFFICIAL RECEIPT

№ 34203

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

2/17/87

Date: Feb. 12, 1987

From: James Henry Address: 6166 Alderley St.; S.D. Ca 92114

One hundred dollars and NO/100 Dollars ($ 100.00)

In part Payment of Henry, Anna Blanche - Deceased

Lot 46 Grave 9 Row Section 3 Division Block 12

Invoice No. 049803

Acct. No.

W.O. E 6238

BALANCE DUE $306.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 17 1987

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

AC-212 (Rev. 11-86)

E 6238

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/17/87

DATE: 02/17/8
TIME: 221818
PAGE: 3

DEPARTMENT 052 CITY TREASURER — GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
12120 047360	10/06/86	018817	SAN DIEGO POLICE OFFICER'S ASSOC					02/17/87	JV	JV26634	46,875.00 ✓	46,875.00	0.00
			63022	110		78910					46,875.00		PAID IN FULL
12028 049803	12/03/86	019816	JAMES HENRY					02/12/87	CA	12028	100.00	606.00	306.00 ✓
			100	072		77181	000072				52.81 ✓		PARTIAL PAYMEN
			100	072		77182	000072				16.50		
			100	072		77183	000072				29.70		
			60101			78390					0.99		

E6238 № 34301

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-11, 19 87

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 116.00)

In [illegible] Payment of [illegible]

Lot 46 Grave 9 Row Section 3 Division Block 12

Invoice No. 049803

Acct. No. 011816

W.O. E6238

BALANCE DUE $200.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 23 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	116.00

AC-212 (Rev. 11-86)

E 6238 № 34332

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-18, 19 87

From: Jane Henry Address: 5378 Wightman St. [illegible]

Two hundred and no/100 Dollars ($ 200.00)

In full Payment of Anna Blanche Henry [illegible]

Lot 46 Grave 9 Row Section 3 Division Block 12

Invoice No. C49803

Acct. No. 019816

W.O. E6238

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

MAR 23 1987

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	200.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Cremains (2) Date 10-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Helen Snyder + James Cooley

in a Ash Vaults Vault/Liner Funeral, date, time Thurs 10:30 AM

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 49 Grave 11 Row _____ Section MAS Division/Block S

Grave space & Care Fund (1934)	Preneed
Additional spaces and care fund 2 @ $105.00	
Opening/Closing & Setup	210 00
Burial Container 2 @ $40	80 00
Handling Fees 2 @ $60	120 00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 35	70 00
Sales taxes	4.80
Total Due	484 80
Paid receipt number 33878	484 80
Balance due	-0-

PAID
OCT 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-29-86

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jack Snyder
Signature

2180 GARNET AVE, 92109
Address

SAN DIEGO, CA
State Zip Code

619 - 581-1583
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 6239

Acct. # _____

PY-593 (REV. 8-85)

E-6239 # 11052

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Cooley Snyder	Male	Sept. 30, 1893	Dec. 8, 1974

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Joel Snyder-Son 2180 Garnet San Diego, California 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego,	CA F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 28 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Romeo, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Little	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

E_6239 #218

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ruth Helen Snyder	Female	April 23, 1896	May 5, 1975

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Soel Snyder-Son 2180 Garnet San Diggo, California 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- XXX 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope, C[illegible]y, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 28 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

COPY 3

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33878

Date: 11-29, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 414 [illegible])

In [illegible] Payment of [illegible]

[illegible]

Lot 49 Grave 11 Row Section MA Division Block S

Invoice No.

Acct. No.

W.O. E-6239

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	210	00
Burial Containers	100 77182	80	00
Recording fees or misc. service fees	100 77183	190	00
Sales Tax	80101 9020	4	00
TOTAL PAID	$	414	00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/30/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle McDougald (Monday)

in a Bell (Vault/Liner) Funeral, date, time Nov. 3, 12:00

Church, Chapel, Graveside Drop off ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 18 Grave 3 Row _____ Section 5 Division/~~Block~~ 3

Grave space & Care Fund B-3497 (1958)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33880	606.00
Balance due	-0-

PAID
OCT 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

10-30-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Vera Riche
Signature

955 Howard Ave Sp 52
Address

Escondido Calif 92025
State Zip Code

745-3331
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6240

PY-593 (REV. 8-85)

221 - GREENWOOD MEMORIAL
PARK & MORTUARY

E-6240

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

EXPENSE MONTH	LOCATION	ACCOUNT	AMOUNT	DESCRIPTION	SERVICE#
10-86	221	2398-0	369.71	ref unused portion of trust/Mdougald	736460
				Myrtle McDougald, deceased 300-736460	

SCI

MGP

SERVICE CORPORATION INTERNATIONAL
9830 WILLOW CREEK ROAD
SAN DIEGO, CALIFORNIA 92131

FORM 151 REV. 11/83

E 6240

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES Nov. 10,

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Myrtle Alvina McDougald	Female	Nov. 10, 1889	Oct. 29, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Poway	San Diego	Vera ~~Ricks~~-Niece Ricks 955 Howard Avenue, #52 Escondido, California 92025

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary, I-805 & Imperial Ave. San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXXX BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hppe Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 31 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 3 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pomeroy M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33880

Date: 11-21, 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($)

In [illegible] Payment of [illegible]

Lot [illegible] Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6240

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 5 1986

ISSUED BY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Miller

in a _____ (Vault/Liner) Funeral, date, time Mon 11/3 2:00

Church, Chapel, Graveside Delaney ; Merkley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 22 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	175.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	425.00
Paid receipt number	
Balance due	

Creditors Claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 049807

Work Order # E 6241

Acct. # 000952

PY-593 (REV. 8-86)

Called by Harry at Mortuary.

E-624

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MINNIE MAE MILLER	FEMALE	MAY 11, 1900	OCT 24, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 31 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rumsel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 3 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
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.

№ 34276

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-06, 19 87

From: County of S.D. Address: 5201-A Kearny Rd. SD Ca 92123

Four hundred twenty nine and 84/100 Dollars ($ 429.84)

In full Payment of Minnie Miller Services

Lot 22 Grave 2 Row Section 2 Division Block 11

Invoice No. 049807

Acct. No. 000952

W.O. E-6241

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 23 1987

ISSUED BY B. Yang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	INT - 4.84
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	425.00

AC-212 (Rev. 11-86)

E-6241

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
Public Administrator 5201-A Ruffin Rd., San Diego, CA 92123		Filed for approval: (date) (Deputy)
ATTORNEY FOR (Name): Minnie Mae Miller		Duplicate mailed: (date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		Presented to court for approval: (date) (Deputy)
ESTATE OF (NAME): Minnie Mae Miller DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER:

This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim: $ 425.00 + Interest
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [XX] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 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 payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 11/20/86

George W. Stelter, Cemetery Mgr. — X George W Stelter
(TYPE OR PRINT NAME AND TITLE) (SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME) (SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

(OVER)

E-6241

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 049807 INV DATE: 12 03 86
NAME: COUNTY OF SAN DIEGO
1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-6241 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y
TREAS-REF: Y ENCLOSURES: Y PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 425.00

DESCRIPTION OF CHARGE	AMOUNT
MINNIE MILLER SERVICES	
LOT 22 GR 2 SEC 2 DIVN 11	250.00
OPENING/CLOSING	175.00
CREDITORS CLAIM ENCLOSED	

PAID
MAR 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

TOTAL DUE 425.00
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 ___ _____ __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

Received
$429.84 ($4.84
interest
to be
applied
to
100/072/77183)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/31/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodore Conner

in a Top of D. Crypt (Vault Liner) Funeral, date, time 11/3/Mon / 12:00 Noon

Church, Chapel, Graveside Chapel ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 1312 Grave — Row — Section — Division/Block 10

Grave space & Care Fund See Rec # 33049 (E 5642) Preneed

Additional spaces and care fund E-5642

Opening/Closing & Setup Top area - 320.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 355.00

Paid receipt number 33881 355.00

Balance due 0

PAID
OCT 31 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Euphrosine Green
Signature

x 2410 - 55th St
Address

x San Diego
State Zip Code

x Ca. 92105
Telephone 264-9455

Invoice #

Acct. #

Work Order # E 6242

PY-593 (REV. 8-85)

E-6242

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Theodore Conner Aka Theodore Roosevelt Conner	Male	April 18, 1905	October 28,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Euphaazine Geeen - Daughter 2410 55th Street San Diego,CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 5050 Federal Blvd, San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 31 1986 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 3 1986 (ENTER DATE)	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 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
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

0 N 34 33881

Date: 10/31/86, 19

From: E. Green Address: 2410 - 55 St SD 92105

Three hundred fifty five and no/100 Dollars ($ 355.00)

In full Payment of Interment of Ted Conner in Top of Double Crypt

Lot 1312 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-6242

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

2789

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 5 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	320	—
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	35	—
Sales Tax	60101 9020		
TOTAL PAID	$	355	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances W. Leyva

in a TS Vault (Vault/Liner) Funeral, date, time Tues 11/4 11:30

Church, Chapel, Graveside Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1483 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund C-0702 (1964) Preneed

Additional spaces and care fund ____

Opening/Closing & Setup $320.00 Preneed

Burial Container $175.00 Trust

Handling Fees $140.00

Flower vases - Marker setting fee ____

Recording and filing fee $3.50 E-6206

Sales taxes $10.50 10-8-86

$710.50 Total Due ~~0~~

Paid receipt number ____

Balance due ____

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6243

Acct. # ____

PY-593 (REV. 8-85)

called by John @ Lewis Colonial

E-62.43

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCES WILSON LEYVA	female	Jan 5, 1893	Nov 1, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Adela W. Agsten - daughter 5061 E. Mountain View Dr. San Diego, CA 92116

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - 3751 Market St. San Diego, CA			COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 4 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 4 1986 (ENTER DATE)	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 COUNTY OF DEATH: n/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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Henry Mallory

in a _____ (Vault/Liner) Funeral, date, time Mon 11/10 11:00

Church, Chapel, Graveside _____ ; Bagdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ 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	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6244

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/3/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Sue Gist

in a T.S. Vault (Vault/Liner) Funeral, date, time 2P.M. Thur 11/6

Church, Chapel, Graveside Chapel & G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 44 Grave 2 Row ~ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund Sp 1 - Reserved for 30 days.	—
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 33884	300.00
Balance due	660.50

MERGED IN JUDGMENT APR 0 1988 Date Clerk of the Court By Deputy

11-3-86
30 Day note

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Lee P. Gist
Signature

321 Greenwood PC
Address

Bonita Calif 92002
State Zip Code

421-6064
Telephone

Invoice # 049809

Acct. # 019818

Work Order # E 6245

PY-593 (REV. 8-85)

W.O. NO. E-6245

NOTE—STRAIGHT

$ 660.50 San Diego, California, Nov. 3, 1986

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Six hundred sixty and 50/100 DOLLARS

with interest from Dec 3, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

APR 01 1988

x Lee P. Hist[illegible]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-6245

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

1939

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLORIA SUE GIST	Female	Dec. 20, 1986	Nov. 1, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Lee Porter Gist - Husband 321 Greenwood Place Bonita California 92002

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California 5050 Federal Bl.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED NOV 4 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/6 (ENTER DATE) 44/2/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stetler	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 433884

Date: 11-3, 1986

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 44 Grave [illegible] Row Section [illegible] Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6245

Unpaid Balance after this Payment $660.50

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 5 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	50	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	300	00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

№ 33983

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6245

Date: 12-5 , 19 86

From: Lee P. List Address: 321 Freemont St. Sonita Vista

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Gloria Lee List Services

Lot 44 Grave 2 Row Section 2 Division Block 11

Invoice No. 649109

Acct. No. 619818

W.O. E 6245

BALANCE DUE $ 625.50

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

5

ISSUED BY B. Tang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

(DIP)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case #13668

Date 11-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph McCloskey in a _____ (Vault/Liner) Funeral, date, time Tues. 11/4 9:00 Church, Chapel, Graveside Drop off : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 37 Grave 1 Row — Section 1 Division/Block 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA Susan Sidley

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

County of SD
Signature
5201-A Ruffin
Address
SD Ca 92123
State Zip Code
565-3700
Telephone

Invoice # 049808

Work Order # E 6246

Acct. # 000952

PY-593 (REV. 8-86)

E-6246

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Joseph McCloskey	Male	May 1, 1908	Oct.29,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LaMesa	San Diego	Public Administrator 5201-A Ruffin Road San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Av. San Diego, CA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: NOV 03 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/86 (ENTER DATE)	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 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-6246

1502049808 12/03/86 000952 COUNTY OF SAN DIEGO 02/04/87 CK 04-763496 145.00 145.00 0.00
E6246 100 072 77181 000072 90.00 PAID IN FULL
100 072 77184 000072 mt Hope 55.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ora L. Killcrease

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 11/10 2:30

Church, Chapel, Graveside _____ : Virgin (Hemet) Mortuary. 658-4433

All Funeral cars must 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 25 Row 16 Section 2 Division/~~Block~~ 2

Grave space & Care Fund (1947) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 105 00

Burial Container 40 00

Handling Fees 60 00

Flower vases - Marker setting fee _____

Recording and filing fee 35 00

Sales taxes 2 40

PAID
NOV 4 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 242 40

11-4-86 Paid receipt number 33887 242 40

Balance due -0-

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Russell M. Killcrease
Signature
29467 Pebble Beach Dr.
Address
Sun City, Calif. 92381
State Zip Code
619-473-8235
Telephone

Call Arthur → When Cremains Arrive
11/5/86 - Vault

Work Order # E 6247

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E_6247

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ora Elaine Kilcrease	Female	Sept. 28, 1918	Oct. 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Sun City	Riverside	Russell Kilcrease 29467 Pebble Beach Drive Sun City, CA 92381

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Virgin Mortuary-403 N. San Jacinto St.-Hemet, CA	833

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery San Diego, CA

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Mt. View Crematory San Bernardino, CA

DATE CREMATED: 11-3-86

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Karen Oplinger

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: 10-30-86

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Edward J. Gallagher, M.D. /a

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 10 1986 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Geoyent Stubbs

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

P.O. Box 1370 Riverside, CA 92502

349876

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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 33887

Date: 11-4, 1986

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of: [illegible]

Lot _____ Grave 25 Row 16 Section [illegible] Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E6247

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 7 1986
004477

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales [illegible]	100 77184	
Openings & Service Charges	100 77181	115.00
Burial Containers	100 77182	41.00
Recording fees or misc. service fees	100 77183	95.00
Sales Tax	60101 9020	[illegible]
TOTAL PAID	$	[illegible]

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hendley J. Oswood

in a Liner (Vault/Liner) Funeral, date, time Fri 11-7 / 1:30 P.M.

Church, Chapel, (Graveside) : Pac Bch Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. NEED P.B. WILL BE IN EARLY

Lot 4131 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund D6384 (1975) Prenead

Additional spaces and care fund ....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee ....

Recording and filing fee 35 00

Sales taxes 6 00

Total Due 606 00

PAID
NOV 7 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Dorothy

Number 33899 606 00

Balance due 0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

ok by phone WJ

Signature of recorded holder of deed

s/ Grinnell L. Oswood

Signature

Oswood

Address

State Zip Code

Telephone

Legal not typed

Invoice # ____

Work Order # E 6248

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33899

Date: 11/7/86, 19

From: Brinnell Oswood Address: SD

Six hundred Six and [illegible] Dollars ($ 606.00)

In full Payment of Interment fees Henry Oswood Inc

Lot 1131 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6248

Unpaid Balance after this Payment —

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 11 1986

ISSUED BY: [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	180.00
Sales Tax	60101 9020	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 8-85)

E-6248

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENDLEY JAMES OSWOOD	MALE	APRIL 20, 1900	NOV. 4, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	GRINNELL S. OSWOOD-BROTHER 5056 SEPTEMBER ST. SAN DIEGO, CA 92110

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV - 6 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Bonar, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 7 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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.

D-6384

LOT OWNER

OSWOOD, Hendley J. 1837 Spaulding Pl. S.D. 16

NAME ADDRESS

LOT 4431 ~~4432~~ GR Div 10

FORM PR-961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hendley J. Oswood

in a Liner Vault/Liner Funeral, date, time Fri 11-7 / 1:30 P.M.

Church, Chapel Graveside : PacBh Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. NEED P.B. WILL BE IN EARLY

Lot 4131 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund D6384 (1975) Prenead

Additional spaces and care fund ____

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee ____

Recording and filing fee 3 50

Sales taxes 6 06

Total Due 606 56

PAID
NOV 7 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Dorothy

Purchase Order Number 33899 606 56

Balance due 0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

ok by phone WJ
Signature of recorded holder of deed

s/ Grinnell L. Oswood
Signature

Oswood
Address

State Zip Code

Telephone

Legal not typed

Invoice # ____

Work Order # E 6248

Acct. # ____

PY-593 (REV. 8-85)

E-6248

Name OSWOOD, Hendley James
LAST FIRST MIDDLE ASHES

Buried 1131 10
LOT GRAVE ROW SECTION BLK. DIV.

11/04/1986 11/07/1986 Age 86 (04/20/1900)
DATE OF DEATH DATE OF BURIAL YRS. DATE OF BIRTH

El Cajon, CA W M
PLACE OF DEATH RACE SEX

Removed Grinell S. Oswood/Brother/Pacific Beach

Remarks

PW-872

E 6248

MEMO

☒ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: George

DATE: 04/30/87

SUBJECT: Oswood, Hendley J.
Buried 11/7/1986

FOLD

MESSAGE

The above deceased was actually buried in Lot 1131, Divn 10 instead of Lot 4431 Division 10 which was his preneed lot, next to his wife. I brount this to your attention on 11/24/86 - Was anything done to rectify the error? I never received any feedback. Please advise. Thank you.

SIGNED [signature]

REPLY

FOLD

SIGNED | DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

MEMO

E-6248

[X] URGENT – REPLY IMMEDIATELY
[ ] NO REPLY REQUIRED

TO: George

DATE: 11/24/1986

SUBJECT: Hendley James Oswood
Burial 11/7/1986

FOLD

MESSAGE In matching cards etc. for eecords, the above decease was buried in thewwrong location. The burial is in Lot 1131 Divn 10 and should be in Lot 4431 Division 10 which is the Pre-Need lot. Please see me for records etc.

SIGNED Barbara

REPLY

FOLD

SIGNED | DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

no Service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/4/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark Cutler Garrett

in a Ash Vault (Vault/Liner) Funeral, date, time D. 11-7-86

Church, Chapel, Graveside _____ ; Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 33 Grave 2 Row _____ Section 1 Division/Block 1

Grave space & Care Fund Pr - used C 8123	—
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Concrete Burial Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33888	242.40
Balance due	0

PAID
NOV 4 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Mary E Garrett
Signature

x 6206 Malcolm Dr.
Address

x San Diego Calif.
State Zip Code

x 582-6229 92115
Telephone

one Marker per Grave Space - 33-2

Call after Complete

Invoice # 582-6229

Work Order # E 6249

Acct. # _____

PY-593 (REV. 8-85)

(left foot)

E-6249

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH FOUND
Mark Cutler Garrett	Male	May 27, 1951	Nov 3, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Dulzura	San Diego	Mary Garrett-mother 6206 Malcolm Dr San Diego, Ca 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus.El Cajon,Ca	F-1352

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	Mt Hope Cemetery	3751 Market St 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
	Leneda Inc 14065 Hwy 8 Bus.El Cajon,Ca	11/5/86	▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
	n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Mary E Garrett DATE SIGNED 11/4/86
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 / DATE PERMIT ISSUED NOV - 5 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Reeves M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/7 (ENTER DATE)	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 COUNTY OF DEATH Foot h		

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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33888

Date: 11/4/86, 19

From: Mary E Lanett Address: SD 92115

Two Hundred forty two & 40/100 Dollars ($ 242.40)

In full Payment of Burial Fees for interment Remains of

Mark Cutler Lanett - dec -

Lot 33 Grave 2 Row — Section 1 Division Block 1

Invoice No. —

Acct. No. —

W.O. E-6249

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐

Ck ☒ 2479 Cash ☐

AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR NOV 7 1986

ISSUED BY Joyce D Stotts

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
& charges	100 77181	105	00
Burial liners	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 9020	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Hankinson Thur

in a Liner Vault/Urn Funeral, date, time 11/6/86 - 11Am

Church, Chapel, Graveside Drop off ; Cypress View Mtry Mortuary.

All Funeral cars must 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 183 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ... Own Choice	250.00
Additional spaces and care fund ... none	
Opening/Closing & Setup Single dept	175.00
Burial Container "Second" liner	
Handling Fees	
Flower vases - Marker setting fee ... none	
Recording and filing fee - Waived -	
Sales taxes	
Total Due	425.00
Paid receipt number	
Balance due	

Send Creditors claim To PA. - Susan

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

O.K. Via Phone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 049810

Work Order # E 6250

Acct. # 000952

PY-693 (REV. 8-85)

E-6-250

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
William NMN Hankinson	Male	Nov. 11, 1906	Oct. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego Public Administrator 5201 A Ruffin Road San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3955 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 06 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) NOV 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 COUNTY OF DEATH: N/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.

OFFICIAL RECEIPT

№ 34127

1-22-87

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-22, 19 87

From: County of Sd Address: 5201 Ruffin Rd SDCA 92123

Four hundred twenty six and 76/100 Dollars ($ 426 76)

In full Payment of William Stankinson services

Lot 183 Grave 1 Row Section 1 Division Block 12

Invoice No. 049810

Acct. No. 000952

W.O. E6250

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	426 76

AC-212 (Rev. 11-86)

E-6250

E1

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/26/87

DATE: 01/26/87
TIME: 203918
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
049810	12/03/86	000952	COUNTY OF SAN DIEGO					01/22/87	CK	E6250	426.76	425.00	1.76-
			100	072		77181	000072				175.00		OVERPAYMENT
			100	072		77184	000072				200.00		
			67007			77184					50.00		
			63021			90222					1.76		

E6250

Apply to 100/072/77183

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 426.76

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray (NMN) Ruiz (RUIZ)

in a Pre need Vault/Liner Funeral, date, time

Church, Chapel, Graveside Landonly Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - A.F. - 18080366

Lot 112 Grave 9 Row a Section 1 Division/Block 12

Grave space & Care Fund ... Single	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees ... none	
Flower vases - Marker setting fee ... arranged	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33889	495.00
Balance due	0

Pre-need Lot Sale

PAID
NOV 5 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the [illegible] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Ray Ruiz
Signature

X P.O. Box 826 Julian,
Address

X CA. 92036
State Zip Code

X 765-1374
Telephone

Invoice # _____

Work Order # E 6251

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33889

Date: 11/5/86, 19

From: Ray Ruiz Address: PO 826 - Julian - 92036

Four Hundred Ninety-five & 00/100 Dollars ($ 495.00)

In full Payment of Pre-Need Lot Sale - Single Space

Lot 112 Grave 9 Row — Section -1- Division Block 12

Invoice No. —

Acct. No. —

W.O.

Unpaid Balance after this Payment E-6251

Pre-Need ☒ At Need ☐ On Acct ☐

Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

NOV 7 1986

ISSUED BY Leojen Stitts

CREDIT	67007		
[illegible]	77184	99	00
80% Sales of Lots	100 77184	396	00
[illegible] Charges	100 77181	—	—
Burial Containers	100 77182	—	—
Recording fees or misc. service fees	100 77183	—	—
Sales Tax	60101 9020	—	—
TOTAL PAID	$	495	00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray Ruiz —

in a _____ Vault/Liner Funeral, date, time Trust Deposit

Church, Chapel, Graveside Future Need Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes See E-6251

Lot 112 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Pre need —	320.00
Burial Container Concrete Bell Liner	100.00
Handling Fees Install Liner	145.00
Flower vases - Marker setting fee none	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33890	606.00
Balance due	0

E-6286 11-26-86

Pre need Trust Deposit

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

PAID
NOV 5 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Work Order # _____

PY-[illegible]

x Ray Ruiz
Signature

P.O. BOX 826 JULIAN
Address

CA. 92036
State Zip Code

765-1374
Telephone

Invoice # _____

Acct. # _____

E-6252

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-paid 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.

Pre need Trust

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33890

Date: 11/5/86, 19

From: Roy Ruiz Address: Julian Ca 92036

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Deposit Payment of Opening & Closing - Liner & Recording fee for Space

Lot 112 Grave 9 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6252

Unpaid Balance after this Payment 0 Deposit

Trust

Pre-Need ☒ At Need ☐ On Acct ☐

Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Trust Deposit Sales Tax	60101 9020	606 00
TOTAL PAID	$	606 00

CITY AUDITOR
NOV 7 1986

63033-9022

AC-212 (Rev. 8-85)

Tenire Suggested
Friday - 1:30
Chapel

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederick A Scherk

in a Bell Liner (Vault/Liner) Funeral, date, time 1:30 Fri - 11/7/

Church, Chapel, Graveside Chapel + GS ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 140 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	395 00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	3 00
Sales taxes	6 00
Total Due	1001 00
Paid receipt number 33924	1001 00
Balance due	-0-

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note 11-17-86

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Sonja Scherk
Signature

1425 2nd Ave #137
Address

Chula Vista, CA 92011
State Zip Code

427-3408
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 6253

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-6253

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FREDERICK ALOYSIUS SCHERF	Male	11-21-1901	11-04-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Zaza Scherf (Wife) 1425 Second Avenue Space #137 Chula Vista, CA 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 06 1986 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 7 1986 (ENTER DATE)	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 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.

№ 33924

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Sp-137

Date: 11-17, 1986

From: Yaga P. Scherf Address: 1425 Second Ave C.V. Ca 92011

One thousand one and no/100 Dollars ($ 1001.00)

In full Payment of Fredericks A. Scherf Service

Lot 140 Grave 1 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6253

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 18 1986

ISSUED BY L. Lang

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	1001	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Henry Mallory

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 11/10/ 11Am

Church, Chapel, Graveside B.B. Church & G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Vietnam - army

✓ Lot 11 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	395.00
Additional spaces and care fund	none -
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1105.50
Paid receipt number 33941	1105.50
Balance due	-0-

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day rite
11-17-86

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Geneva Mallory
Signature
2218 Franklin Ave
Address
San Diego, Ca. 92113
State Zip Code
234-7821
Telephone

Work Order # E 6254

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-62-54

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM HENRY MALLORY	Male	May 3, 1949	Oct. 31, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Geneva Mallory - Mother 2218 Franklin Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 10 1986
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 10 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stetter	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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 33941

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-17, 1986

From: Geneva Mallory Address: 2217 Franklin Ave S Dla 92113

Eleven hundred five and 50/100 — Dollars ($ 1105.50)

In full Payment of William Henry Mallory service

Lot 11 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6254

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 24 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184	79	00
80% Sales of Lots	100 77184	316	00
Opening Closing	100 77181	32	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1105	50

AC-212 (Rev. 11-86)

Pre Paid
1971

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl V Olsen ? Mon 11/10

in a Liner (Vault/Liner) Funeral, date, time ~~11/8/86 Fri 1:30~~

Church, Chapel, Graveside ~~Dolby Gally~~ Mon 1 3 P.M. ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 11 Grave 3 Row ____ Section 9 Division/Block 3

Grave space & Care Fund	- 1965 - P.N.	—
Additional spaces and care fund	none	—
Opening/Closing & Setup	Pre Paid	—
Burial Container	Pre - Paid	—
Handling Fees		—
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		—
Total Due		35.00
Paid receipt number	33813	35.00
Balance due		0

PAID
NOV 5 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

no fee to handle ashes

I hereby certify I am the Via Phone from Mr Bishop Records off Inv of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6255

PY-593 (REV. 8-85)

E-6255

MOUNT HOPE CEMETERY

April 6, 19 62

The undersigned hereby requests and authorizes the interment of the remains of

Pearl V. Olsen in Lot 11 Gr 3 Row Sec. 9

~~Block~~

Division 3 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Pearl V. Olsen

Signature of relative or legal representative.

Daughter

Address & relationship to deceased or authority to sign authorization.

Witness

Witness

E-6255

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PEARL VIOLET OLSEN	FEMALE	June 21, 1890	Nov. 4, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Self - Pre-need

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego CA	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Martin Luther King -San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00 DATE PERMIT ISSUED: NOV 4 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 10 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetter	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33893

Date: 11-5-, 19 86

From: [illegible] Address: [illegible] AVE [illegible]

THIRTY FIVE DOLLARS Dollars ($ 35.00)

In FULL Payment of [illegible] FEE FOR [illegible]

Lot 11 Grave 3 Row 3 Section 9 Division Block 3

Invoice No. —

Acct. No. —

W.O. E6255

Unpaid Balance after this Payment —0—

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

= 3539

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 7 1986

ISSUED BY [illegible]

20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	35 —
Sales Tax	60101 9020	
TOTAL PAID	$	35 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin allen

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 1P.M - 11/7

Church, Chapel, Graveside Church & B's ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 20 Grave 8 Row — Section 2 Division/Block 11

Grave space & Care Fund ..... Spare	250.00
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320.00
Burial Container ..... T.S. Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
30 day rate Total Due	960.50
Paid receipt number _____	—
Balance due _____	

I hereby certify I am the * FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Edward C. Allen
Signature

5026 Reynolds ST
Address

San Diego, Ca 92113
State Zip Code

262-7445
Telephone

Invoice # 049811

Work Order # E 6256

Acct. # 019819

PY-593 (REV. 9-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33987

12-12-86

Date: Dec 5, 19 86

From: Edward C. Allen Address: 5026 Reynold St. S.D. 92115

Nine hundred sixty dollars and 50/100 Dollars ($ 960.50)

In full Payment of Interment of Marvin Allen - DEC

Lot 20 Grave 8 Row Section 2 Division Block 11

Invoice No. 049211

Acct. No.

W.O. E 6256

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑
ck# 1898

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave Lowney

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	960 50

E_62-5.6

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marvin Anthony Allen	Male	April 30, 1960	Found Nov. 2, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Rev.&Mrs. Edward C. Allen - Parents 5026 Reynolds Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery] 3751 Market Street; San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 6 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 7 1986 (ENTER DATE)	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 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.

E6256

049811	12/03/86	019819	EDWARD C. ALLEN			12/12/86 CK 1898	960.50	960.50	0.00
			100	072	77181	000072	320.00		PAID IN FULL
			100	072	77182	000072	175.00		
			100	072	77183	000072	205.00		
			100	072	77184	000072	200.00		
			60101		78390		10.50		
			67007		77184		50.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(DIP) ~~Burial~~ Burial (2nd) Date 11/6/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maude E Gill

in a T.S. Vault Funeral, date, time Mon 11/10 1:00

~~Church, Chapel,~~ Graveside Graveside ; Cypress Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no .

Lot 26 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre Paid D-8009 Arenal	
Additional spaces and care fund	none	
Opening/Closing & Setup	Pre-Paid	
Burial Container	Pre-Paid T.S. Vault	
Handling Fees	Pre Paid	
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		
Total Due		35.00
Paid receipt number	339004 (33912)	35.00
Balance due		0

PAID
NOV 10 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Joann Finnegan

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6257

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT A

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33900

Date: 11/10/86, 19

From: Joan Gill Address: Milwaukie Or 97267

Thirty five and 00 Dollars ($ 35.00)

In full Payment of the fee for M E Gill - Dec

Lot 26 Grave 4 Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6257

Unpaid Balance after this Payment

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

AC-212 (Rev. 8-85) 229

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	35.00

SHIPPED IN FOR INTERMENT

E-6257

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maude Esther Gill	Female	May 22, 1906	FOUND Nov. 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Portland	Oregon	Self, By Pre-Arrangement

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX
- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: NOV 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/10/86 (ENTER DATE)	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 COUNTY OF DEATH: N/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

№ 33912

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Milwaukie, Or. 97267

Date: 11-13, 1986

From: Joann Kenoyer Address: 5933 SE Garnet Way

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Maude E. Lee service (33900A)

Lot 26 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6257

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Need lot for

Date 11-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie H Gillis

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 142 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33896	495.00
Balance due	-0-

PAID
NOV 6 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-6-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

See E. 6259
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6258

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

E-6258

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33896

Date: 11-6, 19[illegible]

From: Bessie M. Wedd Address: 4066 [illegible] Dr. [illegible] 92[illegible]

Eight hundred and [illegible] Dollars ($ 800.00)

In Art Payment of Credit Lot & Planned Trust Services

Lot 14 Grave 3 Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E 6258 & 6251

Unpaid Balance after this Payment $ 2012

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☐ Cash ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
NOV 13 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	396.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
63033-9022 ~~Sales Tax~~	90101 9020	315.00
TOTAL PAID	$	800.00

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed
Trust Deposit

Date 11-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie H. Gillis

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 142 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... See WO E 6258

Additional spaces and care fund .....

Opening/Closing & Setup 305.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

PAID
NOV 6 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

E-6283
11-21-86

11-6-86

Total Due 305

Paid receipt number 33896 305

Balance due -0-

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Bessie M. Ledd
Signature of recorded holder of deed

Signature
Bessie M. Ledd
Address
4066 RENE DR. SD 92154
State Zip Code
690-2045
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6259

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/07/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	Installation Oct. 1986 $1,035
Recording and filing fee	
Sales taxes	
Total Due	$1,035
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

CONTI & SON MONUMENT
Signature

P.O. Box 94
Address

San Diego, CA 92112
State Zip Code

RESALE #FH-25603192
Telephone

Invoice # 049804

Work Order # E 6260

Acct. # 004821

PY-593 (REV. 8-86)

9/86	$125	Davis, Jesse
"	125	Wood, Donald L.
10/15/86	125	Miller, Martin C.
10/17	125	Williams, Julie D.
"	125	Webb, Donna
"	125	Gibson, Ella Mae
"	125	Smallman, Liliyan
10/24/86	160	Bunker, Walter E.
	$ 1,035	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33991

12-12-86

Date: 12-9 , 19 86

From: Conte & Son Address: P.O. Box 94, La Mesa

One thousand thirty five and no/100- Dollars ($ 1035.00)

In full Payment of Marker installation for

Oct. 1986

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No 049804

Acct. No. 004821

W.O. E-6760

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	86101 78390	
TOTAL PAID	$	1035 00

E-6260

049804 12/03/86 004521 CONTI AND SON MEMORIAL CO 12/12/86 CK 6441 1,035.00 1,035.00 0.00
E6260 100 072 77183 000072 1,035.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/7/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Installations Oct. 1986	$375
Recording and filing fee	
Sales taxes	
Total Due	$ 375
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Seaman-Poe Monument
Signature

3893 Imperial Av.
Address

San Diego, CA 92113
State Zip Code

RESALE - F-40258
Telephone

Invoice # 049805

Work Order # E 6261

Acct. # 000253

PY-583 (REV. 8-85)

10/16/86	$125	Montgomery, Walter & K.L.
"	125	Libby, Ralph A. & Glee
10/14/86	125	Grabil, Wm. & Elsie
	$375	

OFFICIAL RECEIPT

№ 34050

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6261

Date: 12/31/86, 19

From: Seaman Poe Mon. Co Address: 3893 Imperial av SD 92113

Thirteen Hundred Eighty and no/100 Dollars ($ 1380.00)

In full Payment of of Invoices 49805 & 50389 -

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 049805 = 375.00
050389 = 1005.00
1380.00

Acct. No. —

W.O. E-6261 & 6319

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86) 1337

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 28 1987

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1380.00

E-6261

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/06/87

DATE: 01/06/87
TIME: 232551
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
049805	12/03/86	000253	SEAMAN/POE MONUMENT CO					12/31/86	CK	1337	375.00	375.00	0.00
	E-6261		100	072		77183	000072				375.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine Young

in a _____ Vault/Liner, Funeral, date, time 11/11/86 - 4 P

Church, Chapel, Graveside delivery ; Pac Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 134 Grave 12 Row _____ Section 100F ~~Division~~/Block 14

Grave space & Care Fund B-8732 Prneed

Additional spaces and care fund .....

Opening/Closing & Setup 105.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

Total Due 140.00

Called by Eddie @ P.B.

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 049820

Work Order # E 6262

Acct. # 019825

PY-593 (REV. 8-85)

- Bill Pacific Beach -

E-6268

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#54936 Pacific Beach

USE BLACK INK. MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KATHARINE DRUSE YOUNG	FEMALE	APRIL 12, 1894	NOV. 7, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	SELF PRE-NEED

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CYPRESS VIEW CREMATORY-SAN DIEGO, CA	DATE CREMATED: 11/13/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11-7-86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Edward Miller / George W Stetler, CM - 12/1/86	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

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.

OFFICIAL RECEIPT

№ 34016

12-18-86

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-12, 1986

From: MB + PB Mortuary Address: 4710 Cass St SD Ca 92109

One hundred forty and no/100 — Dollars ($ 140.00)

In full Payment of Katherine Young services

Lot 124 Grave 12 Row ____ Section 100F ~~Division~~ Block 14

Invoice No. 049820

Acct. No. C19825

W.O. E-6262

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 28 1987

ISSUED BY L. Lang

CREDIT	67002	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	140.00

AC-212 (Rev. 11-86)

E_6262

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 019825 INVOICE: 049820 INV DATE: 12 03 86
NAME: PACIFIC BEACH MORTUARY
1) 4710 CASS STREET 2) _____
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92109 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-6262 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 140.00

DESCRIPTION OF CHARGE	AMOUNT
KATHERINE YOUNG SERVICES	
LOT 124 GR 12 SEC IOOF BLK 14	
OPENING/CLOSING	105.00
RECORDING FEE	35.00

TOTAL DUE 140.00
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 ___ _____ __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

PAID
DEC 12 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

P.A
13704

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Robledo - age 8

in a 4-0 Vault/Liner Funeral, date, time Wed 11/12 - 10:30

Church, Chapel, Graveside _____ ; Bay-Roberts alex Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 29 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
105-145 Total Due	145.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 049812

Acct. # 000952

Work Order # E 6263

PY-593 (REV. 8-85)

E-6263

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
JUAN	----	ROBLEDO	Male	January 22,1978	November 6, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Rocio Robledo - Mother 290 Calle Primera San Ysidro, CA 92073

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 12 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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

04/23/87 № 34457

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-21, 19 87

From: County of S.D. Address: 5201-A Rulemond [illegible]

One hundred five and no/100 — Dollars ($ 105.00)

In full Payment of Juan Robledo services

Lot 29 Grave 7 Row Section 1 Division Block 12

Invoice No. 049812

Acct. No. 100952

W.O. E-6263

BALANCE DUE Cancel

Balance $40.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	105.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence W Brown

in a Liner Vault/Urn Funeral, date, time 11/12/Wed/ 2P.M.

Church, Chapel, Graveside Duperoff : Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no .

✓ Lot 1947 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	P.P.
Burial Container	P.P.
Handling Fees	P.P.
Flower vases - Marker setting fee	
Recording and filing fee	~~$32.00~~ 25.00
Sales taxes	
Total Due	32.00
Paid receipt number 33903	-0-
Balance due	

PAID NOV 13 1986 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Daughter's mail CA-Long Beach 11-13-86

Daughter only sent $32.00

I hereby certify I am the for per George of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Work Order # E 6264

Acct. #

PY-593 (REV. 8-85)

E_6264

GENERAL INTERMENT AUTHORIZATION

To: Mt. Hope Cemetery
(List Cemetery or Memorial Park)

Subject to your Rules and Regulations you are hereby authorized to inter the Remains or Cremains of:

Name Florence (First) Wells (Middle) Brown (Last)

Location _____ (Space) _____ (Lot) _____ (Section)

Date 11-9-84

Signed Elizabeth B Anderson

Witness [illegible]

E_6.264

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLORENCE WELLS BROWN	Female	08-01-1895	11-08-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elizabeth B. Anderson (Daughter) 457 44th Way Long Beach, CA 90807

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 10 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	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.

OFFICIAL RECEIPT

№ 33903

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13, 1986

From: Elizabeth Anderson Address: 457-44th Way Lemon Gr 90207

Thirty two and ny/100 Dollars ($ 32.00)

In full Payment of Florence W. Brown services

Lot 1947 Grave 24 Row 11 Section 15 Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6264

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.

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Hang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	32.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral date, time 11/12/Wed - 11 Am

Church, Chapel, Graveside Church & GS. ; Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6265

Acct. # _____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Casper A Amundson

in a Ash Vault (Vault/Liner) Funeral, date, time Mon - 11/17 - 11AM

Church, Chapel, Graveside Drop off : Humphries Mortuary.

All Funeral cars must 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. Top Soil 1/2 - (44)

Lot 21 Grave 9 Row _____ Section MAB Division/Block 8

Grave space & Care Fund	Res
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33900	242.40
Balance due	0

PAID
NOV 10 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will call if no ash 11-10-86

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Kristen M Odley
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

9076 Central Ave
Address

Lemon Grove CA 92045
State Zip Code

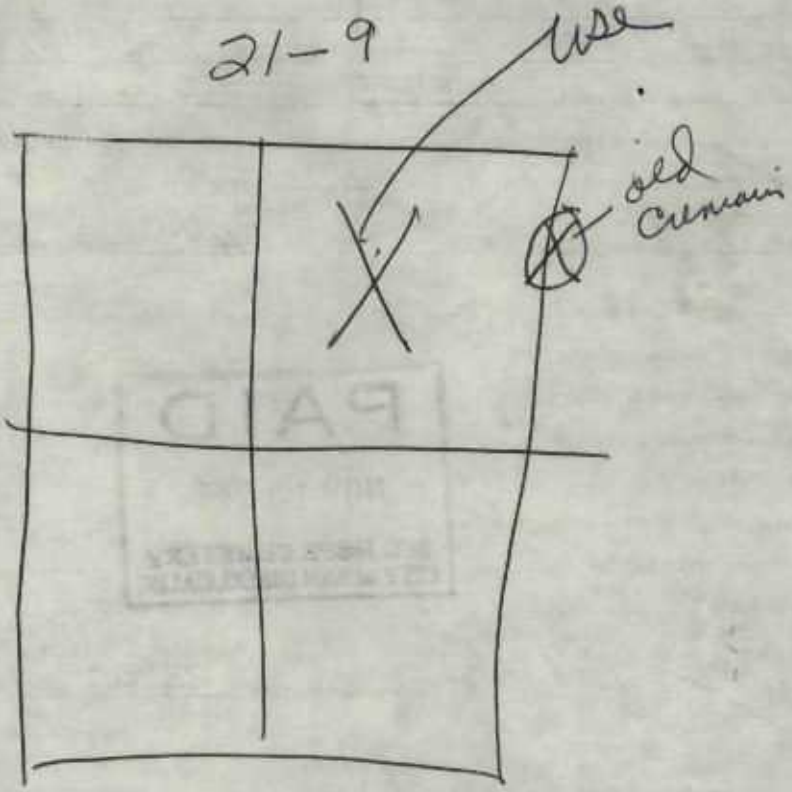
(619) 466-8432
Telephone

Work Order # E 6266

Invoice # _____

Acct. # _____

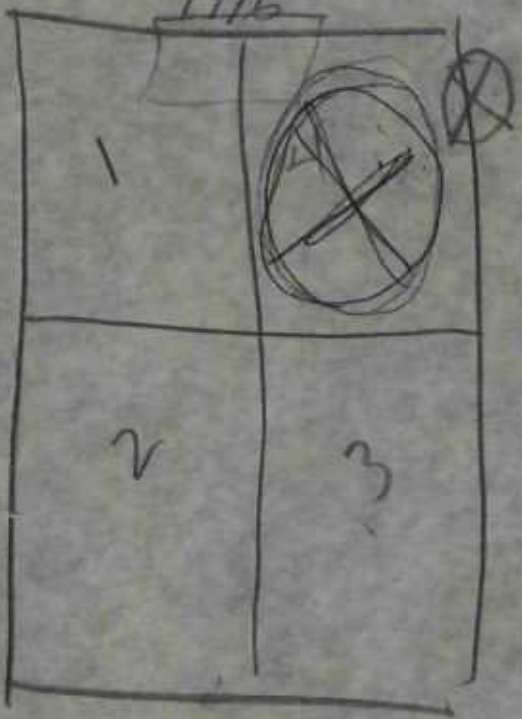
PY-593 (REV. 8-85)


21-9
use
old
cemetery

Casper A. Truckson

21-9

E-6266



E-6266

PERMIT FOR DISPOSITION OF HUMAN REMAINS

102083

USE BLACK — MAKE NO ALTERATIONS — ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CASPER ADOLF AMUNDSON	Male	11-09-1908	11-06-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Margaret S. Amundson (Wife) 7061 Central Avenue Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St.- San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Coastal Cremation, Inc. 415 E. Orange Grove Blvd.-Pasadena, CA	DATE CREMATED: NOV 7 1986	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: NOV 07 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 17 1986 (ENTER DATE)	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 COUNTY OF DEATH		

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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33900

Date: 11/10/86, 19__

From: Peggy J Amundson Address: 7061 Central Ave Lemon Grove - 92045

Two Hundred Forty Two & 40/100 Dollars ($ 242 40/100)

In full Payment of Interment fees for Carpen Amundson

Lot 21 Grave 9 Row ____ Section MAS Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-6266

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☒ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 13 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	105	00
Burial Containers	100 77182	40	00
Recording fees or misc. service fees	100 77183	95	00
Sales Tax	60101 9020	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Lisa

Date 11/10/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lisa Columbus

in a Liner (Vault/Liner) Funeral, date, time Wed - 11 Am 11/12

Church, Chapel, Graveside Church + G S : Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 48 Grave 11 Row — Section 3 Division/Block 12

Grave space & Care Fund	495 00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1101 00
Paid receipt number 33942	1101 00
Balance due	— 0 —

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Via Rogsdale Chapel 11-17-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6267

Acct. # _____

PY-593 (REV. 8-85)

E-62-67

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lisa Richelle Columbus	Female	July 18, 1962	Nov. 4, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Oceanside	San Diego	Mittie Rigmaiden - Sister 4061 Euclid Ave. Apt. A San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Bl. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 10 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 12 1986 (ENTER DATE) 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 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

№ 33942

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-17, 1986

From: Anderson-Bagdale Address: 5050 Federal Blvd SD Ca 92102

Eleven hundred one and no/100 Dollars ($ 1101.00)

In full Payment of Lisa R. Columbus Services

Lot 48 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6267

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 24 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	321	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Blenkatt ⊗

in a ash Vault (Vault/Liner) Funeral, date, time Fri 10AM 11/14

Church, Chapel, Graveside Graveside ; Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 4009 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Grave of Ethel Toms ~~

Additional spaces and care fund ~~

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 3.00

Sales taxes 2.40

PAID
NOV 14 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will Bring ok Fri
We Intet Before 11-14-86
8 Chairs - 11/14 - 10Am

Total Due 242.40

Paid receipt number 33922 242.40

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Herbert Toms
* Herbert G. Toms
Signature

P.O. Box 160
Address

Solana Beach 92075
State Zip Code

481-0932
Telephone

Invoice # ____

Work Order # E 6268

Acct. # ____

PY-593 (REV. 8-85)

E_6268

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Irene Plunkett	Female	Nov 16,1913	Nov 8, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Herb Toms-brother PO Box 160 Solana Beach, Ca 92075

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus.El Cajon,Ca	F-1352

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market St San Diego,Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc 14065 Hwy 8 Bus.El Cajon,Ca	DATE CREMATED 11/12/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Herb Toms DATE SIGNED 11-11-86
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED NOV 12 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Cameron, M.D. [initials]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 14 1986 (ENTER DATE)	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 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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 33922

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-14, 19 86

From: Herbert A. Tom Address: P.O. Box 160 Solana Bch Ca 92075

Two hundred forty two and 40/100 — Dollars ($ 242.40)

In full Payment of Helen Plunkett Services

Lot 4009 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6268

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.

CITY AUDITOR
NOV 18 1986

ISSUED BY E. Tang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105.00
Burial Containers	100 77182	40.00
Handling Fee	100 77183	60.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2.40
TOTAL PAID	$	242.40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/12/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rozelia Williams

in a Bell Liner (Vault/Liner) Funeral date, time Mon - 11/17 - 2PM.

Church, Chapel, Graveside C. Chapel & bs. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 94 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pd. med. Deed 8017	—
Additional spaces and care fund none	—
Opening/Closing & Setup	320.00
Burial Container Comete Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33901	606.00
Balance due	-0-

PAID
NOV 18 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-13-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Woodie B Peavy
Signature
2428 L St
Address
San Diego CA 92102
State Zip Code
2339965
Telephone

Invoice # _____

Work Order # E 6269

Acct. # _____

PY-593 (REV. 8-85)

E-6269

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROZELIA WILLIAMS	Female	Jan. 26, 1893	Found Nov. 10, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Woodie Peavy - Daughter 2428 "L" Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street: San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: NOV 13 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Harold L. Ramos M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 17 1986 (ENTER DATE)	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 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

№ 33901

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-12, 1986

From: Wordie B. Peavy Address: 2428 S St SD Ca 92102

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Rosetta Williams service

Lot 94 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6269

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/12/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (Foxworthy)

of Donna Ella Johnson

in a Bell Liner Vault/Liner Funeral, date, time Mon 1:30 11/17

Church, Chapel, Graveside Chapel & G.S. ; Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 41 Grave 24 Row ____ Section MAS Division/Block J

Grave space & Care Fund	Prepaid
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 33902	606.00
Balance due	0

PAID
NOV 13 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-13-86

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Emery Johnson
Signature
x 4191 POPLAR ST.
Address
SAN DIEGO
State
x CA- 92105 Zip Code
Telephone

Work Order # E 6270

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E-62-70

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELLA DONNA FOXWORTHY AKA: DONNA ELLA JOHNSON	FEMALE	NOV. 20, 1888	NOV. 11, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	SELF PRE-NEED

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 13 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Parker M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 17 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 33902

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13, 1986

From: Emery G. Johnson Address: 4191 Poplar St. S.D. Ca 92105

Six hundred & six and no/100 — Dollars ($ 606.00)

In full Payment of Donna E. Johnson service

Lot 41 Grave 24 Row Section MA5 Division Block J

Invoice No.

Acct. No.

W.O. E 6270

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 17 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/12/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold (NMI) Jennings (SR)

in a Double Crypt (Vault/Liner) Funeral, date, time Tuesday 11/18/11Am

Church, Chapel, Graveside Chapel & GS ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - Navy - In Top Crypt

Lot 924 Grave — Row — Section — Division/Block 10

Disinter Claudia M. & put in bottom Crypt 700.00

Grave space & Care Fund	
Additional spaces and care fund Pre Paid # D-1948	—
Opening/Closing & Setup	160.00
Burial Container Double Crypt -	330.00
Handling Fees	320.00
Flower vases - Marker setting fee Has galv. Vase Coming (PD)	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1564.80
Paid receipt number 33908	1564.80
Balance due	0

Will Pay by Funeral Home

Save Marker

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot hold under deed.

PAID
NOV 13 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6271

PY-593 (REV. 8-85)

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

E - 6271

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Nov 12 MONTH 86 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Claudia M. Jennings

from Lot 924 Grave ~ Section ~ Row ~ Block ~ Div 10
and to remove the same to and reinter said remains in Lot 924 Grave ~
Section ~ Row ~ Block ~ Div 10. In lower ½ of Double Crypt

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

X Marian A Jennings		
Signature	Signature	Signature
Daughter		
Relation to deceased	Relation to deceased	Relation to deceased
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

7/24/1972
#5 Bell

E-627

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Harold Jennings, Sr.	Male	June 3, 1908	Nov. 12, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Maria Jennings-Daughter 3250 Newton Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XXX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 13 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: NOV 18 1986 (ENTER DATE)	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 COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 33908

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/13/86, 19

From: Maria Jennings Address: S.D. 92113

Fifteen Hundred Sixty four & 80/100 Dollars ($ 1564.80)

In full Payment of Interment fees for Harold Jennings Sr - Our Disinterment & reburial of Claudia Jennings & Double Crypt

Lot 924 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6271

BALANCE DUE (2)

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

303896 - 1000
303891 - 564.80

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 17 1986

ISSUED BY [signature]

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	160.00
Burial Containers	100 77182	330.00
Handling Fee	100 77183	1020.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	19.80
TOTAL PAID	$	1564.80

E-6271

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Harold	---	Jennings, Sr.	November 12, 1986	2400

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	Black	NO ☒	June 3, 1908	78 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
GA	Tom Jennings-GA	Rose Furchon-GA

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	1943 TO 1945	258-03-4772	Widowed	---

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Cook	27	Balboa Naval Hospital	Civil Service

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3250 Newton Avenue		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Maria Jennings-Daughter 3250 Newton Avenue San Diego, California 92113.

21A. PLACE OF DEATH	21B. COUNTY
Residence	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
3250 Newton Avenue	San Diego

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) METASTATIC CARCINOMA OF PROSTATE	2 YEARS
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE. STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (B)	
	DUE TO, OR AS A CONSEQUENCE OF (C)	

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
YES	NO	NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	DATE
NONE	NONE	

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
7/24/85	7/15/86		11/14/86	G5275

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Francis Montalbano, 7910 Frost St., #109, San Diego, CA 92123

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	11-18-1986	Mount Hope Cemetery 3751 Market Street, San Diego, CA	Asst. William P. Baker by Robbie Jackson Atty in Fac Robbie Jackson

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
GREENWOOD MORTUARY	F-843	Donald L. Powers, M.D.	NOV 13 1986

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

V5-11 (1-85)

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. FEE WAIVED-SUBJECT GOVT. CODE SECTION 6107.

Donald L. Powers, M.D.
REGISTRAR OF VITAL STATISTICS

DATE ISSUED: NOV. 14, 1986

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

LOTTRITZ Date 11/13/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Lee Lottritz

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 12/5 AYP

Church, Chapel, Graveside Ohiser-Wilson-Oceanside Mortuary.

745-2162

All Funeral cars must 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 260 Grave 15 Row _____ Section 5 Division/Block 2

Grave space & Care Fund C 6493	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 33982	242.40
Balance due	0

Delivered by 12/4 F.D.

PAID
DEC 4 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6272

PY-593 (REV. 8-85)

E-6272

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Martha Lee Lottritz	Female	Dec. 13, 1915	Nov. 12, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Robert T. Lottritz 5027 Rosewood Avenue Los Angeles, Ca.

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Alhiser-Wilson 225 S. Broadway Escondido, Ca.	297

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 1999 El Camino Real Eternal Hills Crematory Oceanside, Ca.	DATE CREMATED 11-14-86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION na		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS na		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 14 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 5 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH na		

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.

OFFICIAL RECEIPT

№ 33982

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6272

Date: 12/4/86, 19

From: Robert Lottrity Address: 5027 Rosewood L.A. 90004

Two Hundred Forty two and 40/100 Dollars ($ 242.40)

In full Payment of Inurnment of Martha Lee Lottrity Dec

Lot 260 Grave 15 Row Section 5 Division Block 2

Invoice No.

Acct. No.

W.O. E6272

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 3318

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lot

for E

Date 11-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Opal Blackman

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 128 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33909 ✓	21.00
Balance due	474.00

11-13-86

(over)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6273

Acct. # _____

PY-593 (REV. 8-85)

12-16-86	34021 ✓	474 00
		21 00
		$453. 00
01-15-87	34106 ✓	21 00
		$432 00
02-17-87	34211 ✓	21 00
		411 00
03-18-87	34320 ✓	21 00
		390 00
04-16-87	34439 ✓	21 00
		369 00
05-19-87	34594 ✓	21 00
		348 00
06-23-87	34732	21 00
		327 00
07-21-87	34842	21 00
		306 00
8-17-87	34941	21 00
		285 00
9-23-87	35064	21 00
		264 00
10-21-87	35193	21 00
		243 00
11-20-87	35320	21 00
		222 00

№ 33909

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13, 1986

From: Opal Blackman Address: P.O. Box 82312 Sd Ca 92138

Twenty one and no/100 Dollars ($ 21.00)

In part Payment of Prenced credit lot sale

Lot 121 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6273

BALANCE DUE $474.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 17 1986

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34021

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-16, 1986

From: Opal Blackman Address: PO Box 82312, SDCa 92138

Twenty one and no/100 Dollars ($ 21.00)

In part Payment of Credit for Sale

Lot 128 Grave 8 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E6273

BALANCE DUE $ 453.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	21 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 34106

Date: 01-15, 1987

From: Opal Blackman Address: PO Box 82312, SD Ca 92138

Twenty one and no/100 Dollars ($ 21.00)

In part Payment of Opened Lot

Lot 128 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6273

BALANCE DUE $432.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

№ 34211

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/17, 1987

From: Opal Blackman Address: PO Box 82312 - SD - 92138

Twenty one & no/100 Dollars ($ 21.00)

In Cupon #3 Payment of Credit Sale

Lot 128 Grave 88 Row Section 22 Division ~~Block~~ 112

Invoice No.

Acct. No.

W.O. E 6273

BALANCE DUE $411.00

Pre-Need Lot ☒ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 250

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	21.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21.00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

MAR.	APR.	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before due date above ▶ $ 21.00

Amount due if paid more than 10 days after due date above ▶ $

CH#250
E34211

$

Amount Received $ 21.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34320

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-18, 19 87

From: Opal Blackman Address: P.O. Box 82312, S.D. Ca 92138

Twenty one and no/100 Dollars ($ 21.00)

In fact Payment of Preneed lot

Lot 128 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6273

BALANCE DUE $390.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	21.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on or before due date above. 10th ▶ $ 21.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34439

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-16, 19 87

From: Opal Blackman Address: PO Box 8231 - La Mesa 92132

Twenty-one and no/100 Dollars ($ 21.00)

In part Payment of Preneed lot sale

Lot 161 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6273

BALANCE DUE $369.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	21 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY B. Tang

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackmon
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on or before due date above. ▶ $ 21.00

Amount due if paid more than 10 days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

№ 34594

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-19, 1987

From: Opal Blackman Address: PO Box 82312, SDCa 9213[illegible]

Twenty-one and no/100 Dollars ($ 21.00)

In Part Payment of Preneed Lot

Lot 128 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6273

BALANCE DUE $348.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	21.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34732

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-23, 1987

From: Opal Blackman Address: P.O. Box 82312

Twenty-one Dollars ($ 21.00)

In _____ Payment of Oregon #7 Credit Lot

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

343

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on or before due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above: 10th ▶ $ 21.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

№ 34842

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-21, 1987

From: Opal Glockman Address: P.O. Box 82312, SD 92138

Twenty one dollars Dollars ($ 21.00)

In _____ Payment of Coupon #8 Credit Lot

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 306.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

366

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34941

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8/17, 1987

From: Opal Gladman Address: P.O. Box 82312

Twenty-one dollars Dollars ($ 21.00)

In _____ Payment of Funeral Lot Sale

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 285.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 392

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on or before due date above. ▶ $ 21.00

Amount due if paid more than 10 days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35064

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-23, 1987

From: [illegible] Blackman Address: P.O. Box 82312

Twenty-One Dollars ($ 21.00)

In _____ Payment of Coupon #10 Credit Lot

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 264.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4/6

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Dieckman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35193

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-21, 19 87

From: Opal Glackman Address: P.O. Box 82312, SD 92138

twenty-one Dollars ($ 21.00)

In _____ Payment of Coupon #11 Credit Lot

Lot 128 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 243.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

439

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on or before due date above: $ 21.00

Amount due if paid more than 10 days after due date above: $

$

Amount Received: $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35320

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-20, 1987

From: Paul Gladman Address: P.O. Box 82312, SD CA 92138

Twenty - nc 00/ Dollars ($ 21.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 222 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
467

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	21 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21 —

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Bleckman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on, or before due date above 10th ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35453
CITY AUDITOR

Date: DEC 21 1987

From: Opal Glockman Address: P.O. Box 82312, SD CA 92138

Twenty-one dollars Dollars ($ 21.00)

In _____ Payment of Credit Lot Sale, Chgn #13

Lot 126 Grave 8 Row _____ Section 2 Division Block 15

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 201.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

502

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blacknen
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on, or before, due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

Credit Sale

№ 35686

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/9/88, 19

From: Okal Blackman Address: PO Box S.D.
Forty two and 00 Dollars ($ 42.00)

In Coupon Payment of Coupon # 14 & 15
Credit Sale

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 159.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 12 1988
007683

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	42 00
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

AC-212 (Rev. 10-87)

not logged

CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before, due date above. 10th $ 21.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before due date above ▶ $ 21.00

Amount due if paid more than 10 days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36039

Date: 4-22, 1988

From: [illegible] Bladman Address: P.O. Box 12312, SD, CA

Forty-two Dollars ($ 42.00)

In _____ Payment of Coupon 16 & 17 Credit Lot

Lot 126 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 117.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

506

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 29 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											2

Amount due when paid on or before due date above: $ 21.00

Amount due if paid more than 10 days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36307

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-16, 1988

From: Dal Bladman Address: P.O. Box 82312, SD

Forty two dollars 100/100 Dollars ($ 42.00)

In _____ Payment of Vaughns 18 & 19 credit lot

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 75.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

634

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 20 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	24	00
80% Sales of Lots	100 77184	18	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 8312
San Diego, CA 92138

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on or before due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $

$

Amount Received $

NAME

ADDRESS

STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36551

Date: 8 12 88

From: [illegible] Address: Box 33312

[illegible] Dollars ($ 470)

In Payment of [illegible]

• Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division [illegible] Block [illegible]

Invoice No.

Acct. No.

W.O. E-6273

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	470

CITY AUDITOR

AUG 22 1988

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											4

Amount due when paid on, or before, due date above ▶ $ 21.00

Amount due if paid more than 10 days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

NAME BLACKMAN, OPAL ACCT. NO. E-6273

ADDRESS P.O. Box 82312, San Diego, Ca 92138 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 13	86	Lot 128, Grave 8, Section 2, Division 12	495 00		273 00	222 00
12/24	87	Coupon #13 CK# 502 Receipt# 35453			21 00	201 00
2-9	88	Coupon # 14 & 15 Receipt # 35686			42 00	159 00
4-22	88	Coupon #16 & 17 Receipt # 36039			42 00	117 00
6-16	88	Coupon # 18 & 19 Receipt 36307			42 00	75 00
8-12	88	Coupon 20 & 21 Receipt 36551			42 00	33 00
9-21	88	Coupon 22 & 23 Receipt 36708			54 00	-0-
			Overpayment			21 00

AIGNER FORM NO. 25-204 BLACKMAN, OPAL 128 - 8 - 2 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36708

Date: 9-21, 1988

From: [illegible] Address: P.O. Box 82312, San Diego 92138

Fifty-four 00/100 Dollars ($ 54.00)

In _____ Payment of final payment of credit dot and overpayment of $21. to be refunded

Lot 128 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6273

BALANCE DUE 6

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

712

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

SEP 29 1988

ISSUED BY [illegible]

CREDIT	67007	33.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	21.00
Sales Tax	60101 78390	
TOTAL PAID	$	54.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackmon
P.O. Box 02312
San Diego, CA 92138

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV

Amount due when paid on or before due date above 10th ▶ $ 21.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											A

Amount due when paid on or before due date above ▶ $ ~~11.00~~ 12.00

10

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6273

Opal Blackman
P.O. Box 82312
San Diego, CA 92138

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before, due date above. 10th ▶ $ 21.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer property to:

Date 11-17-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of East S.D. Christian Church DBA

~~in a~~ Tierrasanta Christian Church ~~Funeral, date, time~~

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 55 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 33934	35.00
Balance due	-0-

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-17-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

From: Maureen L. Tarpey
Signature

(see attached)
Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6274

PY-593 (REV. 8-85)

#11361

MEMO from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

09/15/86

E_6274

Maureen L. Tarpey
108 Brigadoon Pky
Lexington, KY 40503

Dear Ms. Tarpey:

Please sign the attached form and with a $35.00 fee a new deed made out to the church you wish to name as owner will be mailed to your or the church, whichever you prefer.

If you have any questions, please let us know.

Sincerely,

Barbara Lang

Barbara Lang
Administrative Aide II

cc: file

E-6274 July 26, 1986

Sir:

I purchased Lot 55, grave 4, section 3, division 12 in 1981 for a total price of $588.80 for my father L.P. Fitzgerald. I am not able to locate the deed of purchase and have tried to sell the lot through agencies without success. Since my father, L.P. Fitzgerald, is buried with my Mother, Marguerite Fitzgerald in Lot 55, Grave 3, Division 12, I would like to donate this grave 4 to a church in San Diego.

Could you please send me a deed of purchase for Grave 4? I would appreciate this. Thank you.

Sincerely yours,
Maureen Tarpey
Maureen L. Tarpey

MAUREEN L. TARPEY
108 BRIGADOON PKY.
LEXINGTON, KY. 40503

for $35.00 could deed it to Pastor of ? Church —

Shall we forget deposit of Purchase?

Seeming she is in giving mood.

MAUREEN L. TARPEY
108 BRIGADOON PKY.
LEXINGTON, KY. 40503

LEXINGTON, KY 405
PM
JUL 27
1986



Mt. Hope Cemetery
3751 Market Street
San Diego, CA. 92102

E-6274

October 27, 1986

E_6274

Ms. Barbara Lang
Mt. Hope Cemetery
3751 Market Street
San Diego, CA. 92102

Dear Ms. Lang:

I am repyling to your letter of (9-15-86) and enclosing the form you mailed to be witnessed by a notary. Also, enclosed is the $35 fee for a new deed. I would like the new deed made out to the church listed below. This church is in San Diego.

EAST SAN DIEGO CHRISTIAN CHURCH , DBA
TIERRASANTA CHRISTIAN CHURCH

The DBA stands for 'doing business as'. Please send me this new deed and I will forward it to the church through my sister-in-law who is a church member.

Thank you.

Sincerely yours,

Maureen L. Tarpey

Maureen L. Tarpey

MAUREEN L. TARPEY
108 BRIGADOON PKY.
[illegible]TON, KY. 40503

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

E-6274

Quitclaim Deed

In consideration of Lot 55, Grave 4, Section 3 Division 12

I/We X Maureen L. Tarpey

DO HEREBY REMISE, RELEASE AND QUITCLAIM to THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in Mt. Hope CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows: See above

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 6th day of October 19 86

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Kimberly K Noble

Witnesses.

Maureen L. Tarpey
108 Brugadon Pky
Lexington, Ky

STATE OF ~~CALIFORNIA~~ Kentucky,
COUNTY OF ~~SAN DIEGO~~ Fayette } SS.

On this 6th day of October, 19---, before me DEBORAH P. CASE, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Maureen L. Tarpey known to be the person described in and whose name subscribed to the above instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my office in said county of San Diego, State of California, on the date first above written.

My Commission Expires August 27, 1989

Deborah P. Case
Notary Public in and for said County and State

My Commission expires

№ 33934

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(4503)

Date: 11-17, 1986

From: Maureen L. Tarsey Jr. Address: 108 Brigadoon Bldg. Lexington KY

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Property transfer to

A.S.D. Christian Church dba Tierrasanta Church

Lot 55 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6274

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 18 1986

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

Pre Need

INTERMENT ORDER

City of San Diego

Date 10/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Carlson

in a No Vault/Liner Funeral, date, time NONE YET

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 36 Grave 5 Row _____ Section 1 Division/Blk 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33948	495.00
Balance due	-0-

Pre need S.P. Via P.A. office Estate # 4749

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-17-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6275

Acct. # _____

PY-583 (REV. 8-85)

#11362

OFFICIAL RECEIPT

№ 33948

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/17/86, 19

From: Charles Carlson Address: c/o P.A. office

Four Hundred Ninety five and no 00 Dollars ($ 495.00)

In full Payment of Single Burial Span - Pre-need

No Service fees Paid -

Lot 36 Grave 5 Row 2 Section -1- Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6275

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

144650

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 24 1986

ISSUED BY Geoger Stetter

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	—	
Handling Fee	100 77183	—	
Recording & Misc. Fees	100 77183	—	
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	—	
TOTAL PAID	$	495	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/17/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Sedney King, Jr

in a Bell Liner (Vault/Liner) Funeral, date, time Wed-2PM-11/19

Church, Chapel, Graveside Chapel of S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 132 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container Rob Connte	100.00
Handling Fees	145.00
Flower vases, Marker setting fee	—
Recording and filing fee	35.00
Sales tax	6.00
Total Due	856.00
Paid receipt number 33939	856.00
Balance due	0

PAID NOV 17 1986 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Thomas Von Davis
Signature

4429 Tremont #4
Address

San Diego Calif 92102
State Zip Code

619, 264-1420
Telephone

Work Order # E 6276

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-6276

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Sidney King	Male	May 8, 1961	Nov. 12, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary Louise Morris - Mother 4429 Tremont Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 17 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 19 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Peggy Stiller	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

OFFICIAL RECEIPT

№ 33939

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

Date: 11/7/86, 19

From: Thomas Von Davis Address: 4429 - Fremont 92102

Eight hundred fifty-six and 00 Dollars ($ 856.00)

In full Payment of Interment Fee for James Sidney King Jr.

Lot 132 Grave 10 Row ~ Section 2 Division Block -11-

Invoice No.

Acct. No.

W.O. E-6276

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#466 for

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	140	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale

Date 11/17/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina C. Jacobs

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1523 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 33940 - ✓	25.00
Balance due	570.00 (over)

PAID MAY 31 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

not arrange or paid on

Gail 11-17-86

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Regina Jacobs
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6277

PY-593 (REV. 8-85)

		$570.00
12-12-86	34014 ✓	25.00
		545.00
01-16-87	34109 ✓	25.00
		520.00
02-17-87	34208 ✓	25.00
		495.00
03-10-87	34283 ✓	25.00
		470.00
04-06-87	34392 ✓	25.00
		445.00
	NSF check	+ 35.00
		480.00
05-12-87	34563	25.00
		455.00
05-12-87	34564	25.00
		430.00
06-02-87	34687	25.00
		405.00
07-14-87	34816	25.00
		380.00
08-12-87	24933	25.00
		355.00
9-11-87	35034	25.00
		330.00

MEMO

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

E_6277

OFFICIAL RECEIPT Pink - Not returned № 34109

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-16 19 87

From: Regina Colding Address: 1480 McKinnon #201 San Fran Ca 94124

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6277

BALANCE DUE $520.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

6

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

ISSUED BY B. Lang

AC-212 (Rev. 11-86)

10/22/87	35201	330.00
		25.00
		305.00
		25.00
11/18/87	35292	280.00
12-11-87	35424	25.00
		255.00
1-11-88	35549	25.00
		230.00

OFFICIAL RECEIPT Pink - Not returned № 34109

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-16 19 87

From: Regina Colding Address: 1480 McKinnon #201 San Fran Ca 94124

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6277

BALANCE DUE $520.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

6

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

E-6277

MEMO

☒ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: Kay-7C
Auth Rec.

DATE: 03-10-87

SUBJECT: Receipts
Mt Hope Cem.

FOLD

MESSAGE

The following receipts for Mt Hope Cemetery have not been returned to Mt Hope:

04-07-86 - # 33744 *
09-15-86 - # 33739 *
01-15-87 - # 34105 *
01-16-87 - # 34109 *

} there are just some of many missing

SIGNED Barbara Mott 72

REPLY

* Logged in 9/8/86 - returned.

* Logged in 1/20/87 - returned

FOLD

SIGNED [signature]

DATE 3/12/87

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

OFFICIAL RECEIPT

№ 33940

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/17/86, 19

From: Regina C. Jacobs Address: San Fra 94124

Twenty five Dollars 100 Dollars ($ 25.00)

Deposit

In Deposit Payment of Credit Sale - Pr need Single grave space only —

Lot 1523 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-6277

BALANCE DUE 570.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
283

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 24 1986

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

№ 34014

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#5

5 Commercial Ct

Date: 12 12, 1986

From: Regina Colding Address: San Francisco, Ca. 94124

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Credit lot sale for Regina C. Jacobs

Lot 1523 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E6277

BALANCE DUE $545.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 15 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jácobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on or before due date above. $ 25.00

10th

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

No 34208

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/17/87, 19

From: Regina Colding Address: 1480 McKinnon Ave - # 201 SD 92154

Twenty five dollars and 00/100 Dollars ($ 25.00)

In Grave #3 Payment of Grave Sale #3

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6277

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒
0113

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Gloyce

CREDIT		
20% Sales Care	67007 77184	25 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than ___ days after due date above. ▶ $

Ref# 0113
#25.00

$

Amount Received $ 25.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34283

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-10, 19 77

From: Regina Colding Address: 1480 McKinnon #201, San Fran. Ca 94124

Twenty five and no/100 Dollars ($ 25.00)

In Pre- Payment of Preneed Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E.6277

BALANCE DUE $470.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before due date above th ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34392

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#201

Date: 04-06, 19 97

From: Regina Calding Address: 1480 McKinnon San Diego 92154

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6277

BALANCE DUE $445.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Tang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on or before due date above. $ 25.00

h

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address



U-A
3-12

REGINA CO[illegible]ING
415-821-7163
5 COMMER CT. NO. [illegible]
SAN FRANCISCO, CA 94124

DO NOT REDEPOSIT

DO NOT REDEPOSIT

0305

R.I. DIV.
75-532
919

R.I. DIV.
MAR 23 '87
$ 2500

MAR 16 '87

75-532

PAY TO THE ORDER OF

PAYMENT REFUSED

[illegible] PROCESSES
[illegible] FIRST BANK IN A.I. ST. CLOUD

DOLLARS

SAN FRANCISCO POSTAL CREDIT UNION
P.O. BOX [illegible]
San Francisco, CA [illegible]
Payable through First Bank, N.A. St. Cloud, MN

MEMO

Regina Co. Dep

⑆091905 21⑆3430000120545⑈ 0305 ⑈0000002500⑈

E_6277

Regina Colding

CK # 305

$ 25.00

OFFICIAL RECEIPT

№ 34563

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#201 (94124)

Date: 05-12, 1987

From: Regina Calling Address: 1480 McKinnon Ave S.F. Ca

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Pre-need Lot

Lot 1563 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6277

BALANCE DUE $455.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY E. Tang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on or before, due date above th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

№ 34564

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-12, 19 87

From: Regina Calding Address: 1480 McKinnon Ave. S.F. Ca

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6277

BALANCE DUE $430.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86) Money order

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

№ 34687

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/11, 1987

From: Anna Collins Address: 1480 McKinnon Ave, San Francisco

Twenty-five Dollars ($ 25.00)

In — Payment of Chapel #7 Credit Lot Sales

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 405.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0532

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	25	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	—

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34816

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-74, 1987

From: Lenina Jacobs Address: 1480 McKinnon #201 SD

Twenty - Five 00/ Dollars ($ 25.00)

In _____ Payment of Coupon #8 Credit Lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0553

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 16 1987

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 -
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 0

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above 15th ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34933

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-12, 1987

From: Regina Colding Address: San Francisco, CA.

Twenty-five dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale-Coupon #9
E-6277

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6277

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 0576

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY JD

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on, or before due date above ▶ $ 25.00

h

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35034

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-11, 1987

From: Regina Colding Address: 1480 McKinnon Ave 94124

Twenty-five 00/ Dollars ($ 25.00)

In _____ Payment of ~~Twenty-five~~ Coupon # 10 Credit Lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 330.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0594

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	—

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before due date above 5th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35292

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-12, 1987

From: Lenna Colding Address: 1400 McKinnon, San Francisco

Twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon #12 credit [illegible]

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 280.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0614

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

Send or bring one coupon with each remittance. **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on, or before, due date above. 12h ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35201

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-22, 19 87

From: Monica Calderia Address: 1480 McKinnon Ave SF 92154

Twenty-five 00/ Dollars ($ 25.00)

In Payment of Coupon # Credit Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-62777

BALANCE DUE 305.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
0608

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY: Sandy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Send or bring this coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on or before due date above $ 25.00

Amount due if paid more than _____ days after due date above $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35549

Date: 1-11, 1988

From Reina Valdez Address: 1480 McLaren Cir #201

Twenty-five 6 no/100 Dollars ($ 25.00)

In _____ Payment of Coupon #14 Crystal Lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0648

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 13 1988

ISSUED BY Lorna Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before due date above. eh ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35901

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-22, 19 88

From: Regina C. Jacobs Address: 1400 McKinnon #201, S Francisco

Fifty Dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 15 & 16 Credit Lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0701

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1460 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before, due date above ▶ $ 25.00

h

Amount due if paid more than _____ days after due date above. ▶ $ _____

ck 0701
ck for 15th
$50.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before, due date above: th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

ck # 0701

$ ____

3/22/88 ck for $50.00

Amount Received $ ____

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36025

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 4-18, 1988

From: Regina C. Jacobs Address: 1480 McKinnon #201, San Francisco

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupon # 17 & 18 Credit Lot

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6277

BALANCE DUE 265.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0716

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 21 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-6277

Regina C. Jacobs
1460 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on, or before, due date above: 5th ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35424

Date: 12-11, 1987

From: Regina Colding Address: 1480 Mc Kinnac Ave San Francisco CA 94124

Twenty-five dollars + 00/100 Dollars ($ 25.00)

In part Payment of Crypt Lot Sales Coupon #13

Lot 1523 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6277

BALANCE DUE 25.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

01631

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Nina Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Jacobs, Regina C. ACCT. NO. E-6277

ADDRESS 1480 McKinnon #201, San Francisco, Ca 94124 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 11 86	Lot 1523, Div 10	595 00		365 00	230 00
3-22 88	Coupon 15 #16 Receipt 35491			50 00	180 00
4-18 88	Coupon 17 #18 Receipt 36025			50 00	130 00
5-31 88	Coupon 19-23, Receipt 36211			120 00	10 00
	#10 NSF chg				

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36211

Date: 5-31, 1988

From: Regina Jacobs Address: 1480 Mc Kenna #201

One hundred twenty no/100 Dollars ($ 120.00)

In _____ Payment of Coupon 19-23 Credit Lot

Lot 1523 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6277

BALANCE DUE 10.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0685

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 2 1988

ISSUED BY Sandra Ward

CREDIT	67007	120.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	+1.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	120.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance. **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 Hellman #201
San Francisco, CA 94124

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before due date above. eb ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Check if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on or before due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: 6-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6277

Regina C. Jacobs
1480 McKinnon #201
San Francisco, CA 94124

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herbert S. Watson AKA Walter Williams

in a _____ (Vault/Liner) Funeral, date, time Wed 11/26 3:00

Church, Chapel, Graveside Delivery : Carroll's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . TOP LEVEL

✓ Lot 33 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number	
Balance due	

Called by Sharon @ Carroll's

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

County of SD
Signature
Mark Hostetter
Address
State Zip Code
Telephone

Invoice # 049814

Work Order # E 6278

Acct. # 000952

PY-593 (REV. 8-85)

E-6278

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Herbert Sylvester Watson aka: Walter Williams	Male	July 20, 1934	FOUND Oct. 8, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 684 So. Mollison Ave. - El Cajon, CA 92020	F-1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market Street - San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 26 1986	SIGNATURE ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 26 1986 (ENTER DATE)	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 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-6278

1SO2049816 12/03/86 000952 COUNTY OF SAN DIEGO 02/04/87 CK 04-763496 145.00 145.00 0.00
E6278 100 072 77181 000072 90.00
100 072 77184 000072 55.00
mt Hope
PAID IN FULL

(DIP)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

County Case# 13667

Date 11-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Leroy Henson

in a _____ (Vault/Liner) Funeral, date, time Thurs. 11-20 10:00

Church, Chapel, Graveside delivery ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 33 Grave 7 Row _____ Section 1 (LOWER LEVEL) Division/Block 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number	
Balance due	

Called by John C Mayer

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 County of SD

Name Frank Bitner

State Zip Code

Telephone

Invoice # 049813

Work Order # E 6279

Acct. # 000952

PY-593 (REV. 8-85)

E_6279

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Henry Leroy Henson aka John Doe CC#1731286 #1732-PC	Male	June 24, 1944	DOA Aug.22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XXX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St. San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: NOV 19 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 20 1986 (ENTER DATE)	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 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-6279

1502049813 12/03/86 000952 COUNTY OF SAN DIEGO 02/04/87 CK 04-763496 145.00 145.00 0.00 I
E6279 100 072 77181 000072 90.00 PAID IN FULL
100 072 77184 000072 mt Hope 55.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guadalupe Arnold

in a Liner (Vault/Liner) Funeral, date, time Fri 11/21 10:00

Church, Chapel, Graveside _____ ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 24 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund		Preneed
Additional spaces and care fund	D-9600	
Opening/Closing & Setup	Prepaid $150.00 } over)	320.00
Burial Container	" E3506 243.80	100.00
Handling Fees		145.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		606.00
~~Paid receipt number~~		- 393.80
Balance due		212.20
		212.20
		0

PAID
NOV 19 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Less Prepaid $393.80

Howard 11-19-86 33946

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mercedes A. Irazoqui
Signature of recorded holder of deed

Mercedes A. Irazoqui
Signature

1212 Division St.
Address

National City, Ca. 92050
State Zip Code

477-8745
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6280

PY-503 (REV. 8-85)

Transfer pre need

liner 243.80 } Lot 13, Gr. 8 Sect 8 Divn 5

O/C 150.00

$393.80

Apply towards this interment

E-6280

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GUADALUPE RUIZ ARNOLD	FEMALE	DEC. 13, 1914	NOV. 18, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Patricia Didio - Daughter 100 'E' Avenue, Apt. 6 National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 20 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/21/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leozen Heath	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

MOUNT HOPE CEMETERY

E-6280

1-18 1983

The undersigned hereby requests and authorizes the interment of the remains of GUADALUPE R. ARNOLD in Lot 13 Gr 8 Row _____ Sec. 8 ~~Block~~ Division 5 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

X Guadalupe R Arnold
Signature of ~~relative or legal representative~~ lot owner

Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

№ 33946

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-19, 1986

From: Mercedes Grajeano Address: 121 Irwin St. Nora 92050

two hundred twelve and 20/100 — Dollars ($ 212.20)

In full Payment of Guadalupe Arnold Services

Lot 24 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6280

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 24 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	170	00
Burial Containers	100 77182	7	20
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	212	20

AC-212 (Rev. 11-86)

Monroe

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time Fri 11/21 10:30

Church, Chapel, Graveside _____ ; Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Called by Elmer

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6281

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/19/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Luanna (NMI) MONROE

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 10:30 - 11/21

Church, Chapel, Graveside Chapel Claremont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 133 Grave ~ Row ~ Section 3 Division/Block 8

Grave space & Care Fund ..... Single	595 00
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320 00
Burial Container ..... T.S. Concrete Vault	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	10.50
..... Due	1305.50
30 day note 12-3-86 965	1305.50
Balance due	-0-

PAID
DEC 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
FOR RECEIPT NUMBER

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Pauline Middlebrooks

Address 6471 QUILMAN ST.

State CA Zip Code 92111

Telephone

Invoice # _____

Work Order # E 6282

Acct. # _____

PY-583 (REV. 8-86)

PAID
DEC 9 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

W.O. NO. E-6282

NOTE—STRAIGHT

$ 1305.50 San Diego, California, November 19, 1986

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of One Thousand Three Hundred and five and 50/100 DOLLARS,

with interest from December 20, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Pauline Middlebrooks

6471 Guillard St, San Diego

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address 92111

E-6282

PERMIT FOR [illegible]OSITION OF [illegible]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Louanne Monroe	Female	June 19,1955	Nov. 18,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	R.Pauline Middlebrooks-Mother 6471 Quillan Street San Diego, CA. 92111

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary 4266 Mt. Abernathy Ave. San Diego, CA	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 20 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Barnes, M.D. MC
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/21/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 33965

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1986

From: [illegible] Middlebrook Address: 3503 [illegible] St SD Ca 92111

Thirteen hundred five and 50/100 Dollars ($ 1305.50)

In full Payment of Lawanne Monroe Services

Lot 133 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-6282

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
[illegible] 4 1986

ISSUED BY B. Lang

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1305	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-20-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie M. Dillon

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 11/21 11:00

Church, Chapel, Graveside Church & GS ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 142 Grave 3 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..E6258 (11-6-86)	Prepaid
Additional spaces and care fund	
Opening/Closing & Setup .E6259 PNT $305.00	15.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	10.50
30 Day Note Total Due	405.50
Paid receipt number	
Balance due	

Called by Marcella

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Bessie M. Fedd
Signature of recorded holder of deed

Signature ____

Address ____

State ____ Zip Code ____

Telephone ____

Invoice # 049814

Work Order # E 6283

Acct. # 019820

PY-593 (REV. 8-85)

W.O. NO. E-6283

NOTE—STRAIGHT

$ 405.50 San Diego, California, Nov. 24, 1986

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Four hundred five and 50/100 DOLLARS,

with interest from Dec. 24, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Bessie M. Todd

4066 Rene DR. S.D. 92154

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-6283

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BESSIE H. GILLIS	Female	Sept. 24, 1906	Nov. 17, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Bessie M. Nedd - Daughter 4066 Rene Drive San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary, San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 20 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/21/86 (ENTER DATE)	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 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.

OFFICIAL RECEIPT

№ 34088

1-14-87

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-12, 1987

From: John L. Wylie Address: 4066 Kenedy Sd Ca 92154

Four hundred five and 50/100 Dollars ($ 405.50)

In full Payment of Bessie B. Lillis service

Lot 142 Grave 3 Row Section 3 Division Block 12

Invoice No. 049814

Acct. No. 019820

W.O. E6283

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	405	50

AC-212 (Rev. 11-86)

E-623

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/15/87

DATE: 01/16/87
TIME: 214211
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BM/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
049814	12/03/86	019820	BESSIE M. NEDD					01/14/87	CK	2388	405.50	405.50	0.00
			100	072		77181	000072				15.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				205.00		
			60101			78390					10.50		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 405.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-20-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Otis W. ENGLISH

in a BELL LINER (Vault/Liner) Funeral, date, time MON. 2:00 11/24

Church, Chapel, Graveside CHURCH, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

✓ Lot 68 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	395.00
Additional spaces and care fund — DONE	—
Opening/Closing & Setup	320.00
Burial Container — BELL LINER	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1001.00
Paid receipt number 2/17/89	1001.00
Balance due	1.00

30 DAY NOTE

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Marilyn Holder
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

2935 Hilltop Drive
Address

SD, California 92102
State Zip Code

(619) 239-5836
Telephone

Invoice # 049815

Work Order # E 6284

Acct. # 019821

PY-593 (REV. 8-85)

W.O. NO. E6284

NOTE—STRAIGHT

$ 1001.00 San Diego, California. 11-20- 1986

—30— days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of ONE THOUSAND AND ONE —— DOLLARS

with interest from 12-21-86 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If an action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Marlyn Holder

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-6284

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Otis Walter English	Male	May 12, 1909	Found Nov. 17, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Marilyn Holder - Daughter 4935 Hilltop Drive San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 20 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 24 1986 (ENTER DATE)	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 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 10/21/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith D. Davis

in a Liner (Vault/Liner) Funeral, date, time Mon 11/24 - 1 P.M.

Church, Chapel, Graveside Chapel & G.S.; Pinkham-Ketchel Mortuary.

All Funeral cars must 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 4251 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund	Pre need (1981) E2534 Preneed
Additional spaces and care fund	none
Opening/Closing & Setup	Pre Paid E-2534
Burial Container	Liner Pre Paid
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 33952	35.00
Balance due	-0-

PAID
NOV 24 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Via Phone from F.D. of Grd 11-24-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6285

Acct. # _____

PY-593 (REV. 8-85)

E_6285

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH DOROTHY DAVIS	FEMALE	OCT 10, 1895	NOV 20, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CORONADO	SAN DIEGO	BETTY SNYDER, NIECE 6973 RIDGE MANOR SAN DIEGO, CA 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY, 808 13TH ST, IMPERIAL BEACH, CA 92032	F-1178

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 11 23 86
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Kimmes M.D.		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 24 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 33952

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-24, 1986

From: Lindham-Mitchell Address: 108 13th St Imp Ch Ca 92132

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Edith Davis services

Lot 4252 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6285

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 28 1986

ISSUED BY L. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guadalupe Martinez

in a Bell Vault/Liner Funeral, date, time Wed. 11/26 10:00

Church, Chapel, Graveside ____ ; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 112 Grave 9 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	Prneed
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Called by Ken @ Goodbody's

I hereby certify I am the ~~Son-In-Law~~ ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary Ruiz
Signature of recorded holder of deed

Mary Ruiz
Signature

2645 Payton Dr. PO Box 826
Address

CA. 92036
State Zip Code

765-1374
Telephone

Work Order # E 6286

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E-6-286

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GUADALUPE G. MARTINEZ	FEMALE	APRIL 10, 1894	NOVEMBER 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	RAMONA C. DON daughter

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
GOODBODY MORTUARY, 5027 EL CAJON BLVD., SAN DIEGO, CA	F 790	556 PALMWOOD DRIVE SAN DIEGO, CALIFORNIA 92139

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: NOV 25 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 26 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John L. Shaw in a Bell (Vault/Liner) Funeral, date, time Wed 11/26 1:30 Church, Chapel, Graveside ; Lac Bk Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot ____ Grave 26 Row 12 Section 3 Division/~~Block~~ 2

Grave space & Care Fund (1963) B-9510 Preneed

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes 6.00

PAID
NOV 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Eddie

Total Due 606.00

Paid receipt number 33958 606.00

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

C.L. Shaw
Signature of recorded holder of deed

C.L. SHAW
Signature
501 ANITA ST #190
Address
CHULA VISTA,
State
CA. 92011
Zip Code
Telephone

Work Order # E 6287

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E-6287

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN ELDON SHAW	MALE	APRIL 1, 1892	NOV. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
NATIONAL CITY	SAN DIEGO	SELF PRE-NEED

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 24 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 26 1986 (ENTER DATE)	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 COUNTY OF DEATH: N/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.

OFFICIAL RECEIPT

№ 33958

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/28/86 19

From: C. L. Shaw Address: 501 Amta St C.V. 92011

Six hundred Six and no/100 Dollars ($ 606 00/2)

In full Payment of Interment fees for John E. Shaw - dec

Lot — Grave 26 Row 12 Section 3 Division Block 22

Invoice No. —

Acct. No. —

W.O. E-6287

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) #123

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR 006288

[illegible] 4 1986

ISSUED BY [signature]

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	145 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	6 00
TOTAL PAID	$	606 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie D. Davis in a Bell Vault/Liner Funeral, date, time Fri 11/28 11:00 Church, Chapel, Graveside _____ ; Jackson Mortuary.

All Funeral cars must 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 3245 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund (1968) C-5373 Preneed

Additional spaces and care fund _____

Opening/Closing & Setup (1968) C 5667

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 23959 35.00

Balance due -0-

PAID
NOV 28 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Virginia Matthews

I hereby authorize the interment in lot I hold under deed.

Virginia Matthews
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 6288

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E_6288

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hattie D. Davis	Female	Oct. 18, 1890	Nov. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Virginia Matthews (Daughter) 7695 Church St. Lemon Grove, CA, 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	F296

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $ 3.00 DATE PERMIT ISSUED: NOV 25 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MR
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/28 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Georgen Stetter	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.

OFFICIAL RECEIPT

№ 33959

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/28/86 , 19

From: V.M. Matthews Address: Lemon Grove 92045

Dollars ($ 35.00)

In full Payment of Recording & Office filing

3359

Lot 3245 Grave ~ Row ~ Section ~ Division Block 10

Invoice No.

Acct. No.

W.O. E-6288

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2690

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN [illegible]

CITY AUDITOR
DEC 4 1986

ISSUED BY Peggy Stello

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Barber

in a Ash Vault Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside Upon Notification Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1522 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund (1963) B-9649 Preneed

Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	2.40
Total Due	242.40
Paid receipt number	
Balance due	

Called by daughter Dixie

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6289

Acct. # _____

PY-553 (REV. 8-85)

When remains arrive Call Donna Stone @ 443-6796

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Hughes in a Greenwood Vault/Liner. Funeral, date, time Fri 11/28 10:00 Church, Chapel, Graveside Delivery Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 48 Grave 1 Row ____ Section 5 Division/~~Block~~ 5

Grave space & Care Fund (1950) A1834 Preneed

Additional spaces and care fund ____

Opening/Closing & Setup 320 00

Burial Container Vault from Greenwood ____

Handling Fees 170 00

Flower vases - Marker setting fee ____

Recording and filing fee 35 00

Sales taxes ____

PAID
NOV 25 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-25-86

Total Due 525 00

Permit Number 33955 525 00

Balance due -0-

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Bernice Beatty

Address 3419 Nile St.

State San Diego, Ca. Zip Code 92104

Telephone

Invoice # ____

Work Order # E 6290

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6290

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

11-23-1986

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Louise C. Hughes	Female	Aug. 15, 1891	Nov. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Bernice-Beatty-Daughter 3419 Nile Street San Diego, California 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 26 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/28 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Jeanne Stetson	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

№ 33955

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-25, 1986

From: Bernice Beatty Address: 3419 Nile St. SDCA 92104

Five hundred twenty five and 00/100 Dollars ($ 525.00)

In full Payment of Louise Dugan Service

Lot 48 Grave 1 Row Section 5 Division Block 5

Invoice No.

Acct. No.

W.O. E60290

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 28 1986

ISSUED BY R. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	220.00
Burial Containers	100 77182	
Handling Fee	100 77183	170.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	525.00

AC-212 (Rev. 11-86)

DIP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(DIP)
2nd burial

Date 11-25-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie O. Hall

in a Bill (Vault/Liner) Funeral, date, time Sat 11/29 10:00

Church, Chapel, Graveside _____ ; Pac. Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 104 Grave 4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund (1979) E-455	Preneed
Additional spaces and care fund (1st burial in 1979)	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee Overtime Sat	380.00
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	986.00
Paid receipt number	
Balance due	

Creditors Claim

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Rose Marie Paulos
Signature of recorded holder of deed

Rose Marie Paulos
Signature
2741 Hornblend
Address
#2
State Zip Code
San Diego 92109
Telephone

Invoice # 049818

Work Order # E 6291

Acct. # 019823

PY-583 (REV. 8-85)

Bill the Estate

(over)

Bill Estate
of
Elsie O. Hall

Atty at Law
C/o Betty L. Phelps
1200-3rd
Sec. Pac. Bank
Ste 111 E-6291
SD 92101
753-2813 H
239-3112 W

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-6291

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELSIE OMONGOS HALL	FEMALE	OCT. 23, 1916	NOV. 23, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	ROSE MARIE PORLAS-DAU. 2741 HORNBLEND #2 SAN DIEGO, CA 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 25 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald S. Powell, M.D. J
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION TOOK PLACE ON 11/28/86	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/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

E-6291

2032049818 12/03/36 019823 ESTATE OF ELSIE O. HALL 02/04/87 CK 494897 986.00 986.00 0.00

E6291

100	072	77181	000072	Mt Hope	986.00
100	072	77182	000072		320.00 ✓
100	072	77183	000072		100.00 ✓
60101		78390			560.00
					6.00

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Bill
Estate of:

Date 11-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alton Taylor, Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 11/28 11:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 18 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	205 50
Paid receipt number	
Balance due	

Creditors claim

I hereby certify I am the Grand Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Herbert Boyd
Signature of recorded holder of deed

~~Herbert~~ Herbert Boyd
Signature

821 Bollenbacher St
Address

SD 92114
State Zip Code

264-9948
Telephone

Invoice # 049817

Acct. # 019822

Work Order # E 6292

PY-693 (REV. 8-86)

(over)

Atty J. Robt Dyment
530 'B' St Ste 2222
SD Ca 92101

236-1618

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-6292

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALTON TAYLOR, JR.	Male	March 19,1972	Nov. 23, 1986

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	Betty Boyd - Mother 801 Bollenbacher Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Bl. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California — COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS — ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT — **This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: NOV 26 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Ramos, M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/28/86 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Loyenstein

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

E-6292

E-6292

049817 12/03/86 019822 ESTATE OF ALTON TAYLOR, JR ✓ 04/03/87 CK 7218

E6292

100	072	77181	000072	1,205.50
100	072	77182	000072	320.00
100	072	77183	000072	175.00
100	072	77184	000072	205.00
60101		78390		396.00
67007		77184		10.50
				99.00

1,205.50 PAID IN FULL 0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/26/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILSON THOMAS

in a ~~Vault~~ Double Crypt (Vault/Liner) Funeral: date, time TUES, 12/2 11:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 69 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund ~~Reserve~~ Double deep	
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1519.80
Paid receipt number	
Balance due	

30 day note

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Dana A. Thomas
Signature
X 536 Elizabeth St.
Address
San Diego, Ca. 92113
State Zip Code
X
Telephone

Invoice # 049819

Work Order # E 6293

Acct. # 019824

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34036

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-24, 19

From: Vinnie Thomas Address: #536 Ole Jo St SD Ca 92

fifteen hundred nineteen and 80/100 Dollars ($ 1519.80)

In full Payment of Wilson Thomas Service

Lot 69 Grave 3 Row Section 3 Division Block

Invoice No. 049819

Acct. No. 019824

W.O. B-6293

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1519

AC-212 (Rev. 11-86)

E-6293

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wilson Thomas	Male	July 8, 1910	Nov. 25, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Vinnie Thomas - wife 536 Elizabeth Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street San Diego		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: DEC 1 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): DEC 2 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 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-6293

049819 12/03/86 019824	EDNA STEARNS			12/24/86 CA		1,519.80	1,519.80	0.00
E 6293	100	072	77181	000072		320.00		PAID IN FULL
	100	072	77182	000072		330.00		
	100	072	77183	000072		355.00		
	100	072	77184	000072		396.00		
	60101		78390			19.80		
	67007		77184			99.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clement E. Dawson AKA Letres Musa

in a Bell (Vault/Liner) Funeral, date, time Tues 12/2 2:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 19 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 33971	856 00
Balance due	-0-

PAID
DEC 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

12-3-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature#

_____
Address

_____
State Zip Code

_____
Telephone#

Work Order # E 6294

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E-6294

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Latees Musa Abdu No. 1 Clement Earl Dawson	Male	Dec. 17, 1953	Nov. 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Campo	San Diego	Arlette Dawson(Mother) 3869 Superior St. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hopp Cemetery: 3751 Market Street: San Diego CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: DEC 1 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Reeves, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): DEC 2 1986	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Leonard Stiller	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.

№ 33971

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1986

From: Anderson-Ragsdale Address: 5050 Federal Blvd. SDCA 92102

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Clement Dawson Services

Lot 19 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6294

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
4 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	160	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/28/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie L. Thoman

in a T.S. Vault (Vault/Liner) Funeral, date, time 12/2 - Tues - 12 to 2

Church, Chapel, Graveside Knopoff ; Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No . Will del. Between 12 + 2 -

Lot 43 Grave 6 Row — Section 17 Division/~~Block~~ 7

Grave space & Care Fund Pr need C-9044	—
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 33961	710.50
Balance due	0

PAID DEC 2 1986 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

PAID NOV 28 1986 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Will Bring check - no service here

I hereby certify I am the OK in own Lot of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6295

PY-593 (REV. 8-85)

E_6295

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elsie Gladys Thoman	Female	Oct 5, 1902	Nov 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Arlin D Thoman-son 4575 Pescadero Ave San Diego, Ca 92107

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus.El Cajon,Ca	F-1352

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt Hope Cemetery 3751 Market St San Diego,Ca		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: DEC 01 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rimel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/2/86 (ENTER DATE)	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 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

№ 33961

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/2/86, 19__

From: Darlin D. Thoman Address: 4575 Pescadero Ave - S. D 92107

Seven Hundred Ten & 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for Elsie S. Thoman - Dec

Lot 43 Grave 6 Row ____ Section 17 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-6295

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0420011797

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

--- 4 1986

ISSUED BY Geoyen Stetter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	00
	100	170	—
Handling Fee	77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/28/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gary D. Hill

in a Bell Liner (Vault/Liner) Funeral, date, time 11 AM / Thurs / 12/4

Church, Chapel, Graveside Chapel - U.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 45 Grave 5 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Space	250 00
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320 00
Burial Container ..... Concrete Bell Liner	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid-receipt number 33972	856 00
Balance due	0

30 Day note

PAID
DEC 3 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 4804 Soldz Ave

State SAN DIEGO, CA Zip Code 92115

Telephone (619) 691-8196

Work Order # E 6296

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

E-6296

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GARY DWAYNE HILL	Male	Sept. 7,1957	Nov. 27, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dwight D. Hill - Brother 2366 Rancho Drive Chula Vista, California 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: DEC 3 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 4 1986 (ENTER DATE)	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 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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33972

Date: Dec 3, 19 86

From: Frances Hill Address: 4801 Soledad Ave
San Diego Ca 92113 Dollars ($ 856.00)

In full Payment of Gary D. Hill
Eight hundred fifty-six dollars and no/100

Lot 45 Grave 5 Row Section 2 Division Block 11

Invoice No.
Acct. No.
W.O. E 6296
BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

005386

CITY AUDITOR
CITY AUDITOR
DEC 09 1986

ISSUED BY Dave Lowman

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	300	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	-	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-1-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene King

in a Bell Vault/Liner Funeral, date, time Wed 12/3 10:00

Church, Chapel, Graveside Direct ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWII

Lot 6 Grave 3 Row _____ Section 5 Division/Block 5

Grave space & Care Fund (1953) A 5548 Preneed

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees ..... Preneed

Flower vases - Marker setting fee ..... E 5043

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Doelena King
Signature

4233 - 41st St
Address

SD, Ca 92105
State Zip Code

Telephone

Work Order # E 6297

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-6297

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EUGENE JAMES KING	Male	12-07-1896	11-29-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Evalena Spotis King (Wife) 4233 41st Street San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street-San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: DEC 03 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Burns M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 3 1986 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	NAME AND 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

(DIP) BTM

County Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/2/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Caroll H. Harthauser

in a none (Vault/Liner) Funeral, date, time Thur - 10:30 Am / 12/4

Church, Chapel, Graveside Dropoff ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 25 Grave 1 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

County

Greenwood to get #

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

OK Gwl

Signature

Address

State Zip Code

Telephone

Invoice # 050062

Acct. # 000952

Work Order # E 6298

PY-593 (REV. 8-85)

E_6298

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Carroll H. Harthausen	Male	Feb. 9, 1917	Nov. 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	H.D. County Public Administrator 5201-A Ruffin Road San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | CALIFORNIA LICENSE NUMBER

Greenwood Mart., I-805 & Imperial Ave., San Diego, CA FP843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XXX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶

DATE SIGNED:

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: $3.00

DATE PERMIT ISSUED: DEC 03 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Powers, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 4 1986 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgia Stotte

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E-6918

1502050062 12/05/86 000952 COUNTY OF SAN DIEGO

↓ E6298

02/04/87 CK 04-763496 145.00 ✓ 145.00 0.00

E-6298

OF SAN DIEGO
TOR & COMPTROLLER
ORT NO. C65-102

E - 6298

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/09/87

DATE: 02/09/87
TIME: 233608
PAGE: 6

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

mt Hope

NUMBER OF INVOICES PAID 12
TOTAL AMOUNT PAID 1,225,279.00

OR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/2/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Tizenor

in a Double Crypt - Bottom Vault Liner Funeral, date, time Fri at 10:30 Am 12/5

Church, Chapel, Graveside Chapel - G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

See Top of Map

2-2-ABC - One Seven

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ... For Double Crypt - upright Stone	695.00
Additional spaces and care fund ... — none —	
Opening/Closing & Setup	320.00
Burial Container ... Double Cement Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee "Note grave Sideways at Head"	35.00
Sales taxes	19.80
Total Due	1719.80
Paid receipt number 33981	1719.80
Balance due	0

Before Sale Will Pay

PAID
DEC 4 1986
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Saundra Tizenor
Signature

7083 Luther Way
Address

San Diego, Ca 92114
State Zip Code

(619) 264-4189
Telephone

Invoice # _____

Work Order # E 6299

Acct. # _____

PY-593 (REV. 8-85)

E-6299

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HOWARD RONALD TIZENOR	Male	May 10, 1914	Nov. 30, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	LaMarr Tizenor - Wife 214 North 35th Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 3 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/5/86 (ENTER DATE)	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 COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramras, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 33981

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/4/86, 19

From: Saundra Tizonor Address: 7083 Lutherby S.D. 92114

Seventeen Hundred Nineteen and 80/100 Dollars ($ 1719.80)

In full Payment of Interment of Howard Tizonor - Dev - in lower level of Double Crypt

Lot 22-ABC Grave Row Section One Division Block Seven

Invoice No. ~

Acct. No. ~

W.O. E-6299

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

425

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Geoyn Stetler

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77183	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1719	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust for

Date 12-2-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eubol A. James

in a _____ (Vault/Liner) Funeral date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave 28 Row 12 Section 3 Division/Block 2

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	Preneed
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	
Total Due	355 00
Paid receipt number 33963 /	15 00
Balance due	340 00

12-2-86

(over)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

EUGENE A. JAMES
Signature
3420 NILE STREET
Address
SAN DIEGO, CA 92104
State Zip Code
283-0316
Telephone

Work Order # E 6300

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

01-13-87	34090 ✓	340.00
		15.00
03-18-87	34318	325.00
		15.00
02-19-87	34225 ✓	310.00
		15.00
04-08-87	34408 ✓	295.00
		15.00
05-07-87	34550 ✓	280.00
		15.00
06-08-87	34670	265.00
		15.00
7-13-87	34808	250.00
		15.00
8-11-87	34928	235.00
		15.00
9-17-87	35047	220.00
		15.00
10-13-87	35158	205.00
		15.00
11-16-87	35270	190.00
		15.00
12-7-87	35389	175.00
		15.00
		160.00

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 provision of the service.

No interest will be paid on the prepaid amount set forth on this order form.

OFFICIAL RECEIPT

№ 33963

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-2, 1986

From: Eugene A. James Address: 3420 Nile St SD Ca 92104

Fifteen and no/100 Dollars ($ 15.00)

In Cart Payment of Prenced trust for Lubov G. James

Lot _____ Grave 28 Row 12 Section 3 Division ~~Block~~ 2

Invoice No. _____

Acct. No. _____

W.O. E6300

BALANCE DUE $340.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 4 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300*

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											XX

Amount due when paid on or before due date above. 15th ▶ $ 15.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34090

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 01-13, 1987

From: Eugene A. James Address: 3420 Nile St. SD Ca 92104

Fifteen and no/100 Dollars ($ 15.00)

In Cert Payment of Pre-need Trust Acct.

Lot _____ Grave 28 Row 12 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E 6300

BALANCE DUE $325.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 15 1987

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	80101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 15.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34225

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/19, 1987

From: Eugene A. James Address: 3420 Nile St - SD 92104

Fifteen and 00/100 Dollars ($ 15.00)

In Coupon 3 Payment of Credit Sale #3 - Coupon

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. —

Acct. No. —

W.O. 15.00 - 6300

BALANCE DUE 310.00

Pre-Need Lot ☒ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

Safeway - 25267939-4
88/314

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	15.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	
Sales Tax	60101 78390	
TOTAL PAID	$	15.00

Ex 6300

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											XX

Amount due when paid on or before due date above .5th $ 15.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ 15.00

NAME Rec # 34225

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34318

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-18, 1987

From: Eugene A James Address: 3420 Nile St Sd Ca 92104

Fifteen and no/100 Dollars ($ 15.00)

In part Payment of Preneed trust deposit

Lot _____ Grave 28 Row 12 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E6300

BALANCE DUE $295.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											XX

Amount due when paid on, or before, due date above. 5th ▶ $ 15.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ 15.00

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

[ ] check [ ] if this is new address

№ 34408

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-01, 19 87

From: Eugene A Lamas Address: 3420 Nile St. [illegible]

Fifteen and no/100 Dollars ($ 15.00)

In Part Payment of Prenced Trust Deposit

Lot _____ Grave 28 Row 12 Section 2 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E 6300

BALANCE DUE $280.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15.00
Sales Tax	60101 78390	
TOTAL PAID	$	15.00

AC-212 (Rev. 11-86)

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-46300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											XX

Amount due when paid on or before due date above. 15th ▶ $ 15.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP ____

☐ check (✓) if this is new address

№ 34550

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-07, 1987

From: Eugene A Jame Address: 3420 Nile St SD Ca 92104

Fifteen and no/100 Dollars ($ 15.00)

In part Payment of Preneed Trust Deposit

Lot _____ Grave 28 Row 12 Section 3 Division ~~Block~~ 2

Invoice No. _____

Acct. No. _____

W.O. E6300

BALANCE DUE $265.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											XX

Amount due when paid on, or before due date above. 15th $ 15.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $ 15.00

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

№ 34670

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/18, 1987

From: Eugene A. Jones Address: 3425 Nile Street

fifteen 00 Dollars ($ 15.00)

In _____ Payment of Vaughn #7 Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 250—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 280719373

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15—
Sales Tax	60101 78390	
TOTAL PAID	$	15

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. K-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											XX

Amount due when paid on or before due date above 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 15 cash

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34808

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-13, 19

From: Eugene James Address: 3420 Nile Street, SD 12

fifteen dollars Dollars ($ 15)

In Payment of Coupon #8, Pre-need Trust

Lot Grave 28 Row 12 Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 235.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

64530230-6

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	—
Sales Tax	60101 78390		
TOTAL PAID	$	15	—

...or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST

CITY SAN DIEGO STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 34928

Date: 8-11, 1987

From: Eugene James Address: San Diego

Fifteen dollars Dollars ($ 15.00)

In Coupon Payment of Credit Sale - Coupon #9
E-6300

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No ____

W.O. E-6300

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
MO # 224-4616-074

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY JD

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	15 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											XX

Amount due when paid on or before due date above 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 15.00

NAME EUGENE A. JAMES

ADDRESS 3920 NILE STREET

CITY SAN DIEGO STATE CA ZIP 92104

☐ check (✓) if this is new address

№ 35047

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-17, 1987

From: Eugene C. Jones Address: 3420 Nile Street, SD 92104

Fifteen Dollars Dollars ($ 15.00)

In _____ Payment of Preneed Trust

Lot _____ Grave 28 Row 12 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 205.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15.00
Sales Tax	60101 78390	
TOTAL PAID	$	15.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											XX

Amount due when paid on or before due date above. 15th ▶ $ 15.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

NOT IN FOLDER

OFFICIAL RECEIPT

№ 35158

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-13, 19 87

From: Clarence A. James Address: 3420 Nile Street SD 92104

Fifteen Dollars 00/ Dollars ($ 15.00)

In Payment of Coupon #11 Credit Lot

Lot Grave 28 Row 12 Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 190.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 30404491

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Reid

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											XX

Amount due when paid on, or before due date above. 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above ▶ $ ~~15~~

$ _____

Amount Received $ 15.00

NAME Eugene A. James

ADDRESS 3420 Nile St.

CITY San Diego STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35270

Date: 11-10- , 1987

From: EUGENE A. JAMES Address: 3420 NILE STREET S.D. CA. 92104

Fifteen Dollars Dollars ($ 15.00)

In part Payment of Perpetual Trust - Crypt # 12

Lot Grave 28 Row 12 Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 175.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐
M.O. 304047172

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											XX

Amount due when paid on or before due date above. 15th ▶ $ 15.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 15 00

NAME _____

ADDRESS EUGENE A. JAMES
3420 NILE ST.

CITY _____ STATE _____ ZIP _____
SAN DIEGO, CA 92104

Check if this is a new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35555

Date: 1-11, 1986

From: George A Jones Address: 3420 Kile St, SD 92104

Fifteen Dollars no/100 Dollars ($ 15.00)

In Payment of Payment 14 Pre-need Trust

Lot 28 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 145.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

31693293-5

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 13 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											XX

Amount due when paid on, or before, due date above. 15th $ 15.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35673

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-8, 1988

From: [illegible] Address: 3420 Nile Street, [illegible]

[illegible] Dollars ($ 15.00)

In _____ Payment of [illegible] Trust [illegible] 15

Lot 20 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 130.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	FEB 10 1989
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											XX

Amount due when paid on or before due date above: 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35883

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-15, 1988

From: Eugene James Address: 3420 Nile Street, SD

Fifteen no/100 Dollars ($ 15.00)

In: Payment of Coupon # 16 Prepaid Trust

Lot 28 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 115.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

31693842-4

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 21 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36004

Date: 4-11, 1988

From: Eugene James Address: 3420 Nile Street, SD 92104

Fifteen dollars no/100 — Dollars ($ 15.00)

In _____ Payment of Coupon 17 Credit Pre-need Trust

Lot 28 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

31694114-T

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											XX

Amount due when paid on or before due date above. 5th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

$ _____

NAME EUGENE AND JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35389

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-7, 1987

From: Eugene A James Address: 3420 Nile St. S.D. 92104

Fifteen dollars ne 00/100 Dollars ($ 15.00)

In Part Payment of Pre-need trust coupon #13

for Lubov G James

Lot _____ Grave 28 Row 12 Section 3 Division ~~Block~~ 2

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 160.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☐

MO. HA.-30405012

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

Send or bring **one** coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 13

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											XX

Amount due when paid on, or before, due date above 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ 15.00

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36161

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-16, 19 88

From: Eugene James Address: 3420 Nile Street, SD

fifteen 00/100 Dollars ($ 15.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 28 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 85.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

316944111-1

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 20 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. [redacted]6300

Eugene A. Janes
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						✓					XX

Amount due when paid on, or before, due date above: 5th ▶ $ 15.00

Amount due if paid more than ____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36292

Date: 6-13, 1988

From: Eugene A. Jones Address 3420 Nile St, SD 92104

Fifteen dollars 20/100 Dollars ($ 15.00)

In Payment of Cooper 19 Perpetual Trust

Lot 28 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6300

BALANCE DUE 70.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											22

Amount due when paid on or before due date above. 15th ▶ $ 13.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received: $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36406

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-11, 1988

From: Eugene James Address: 3420 Nile Street, SD

fifteen no/100 Dollars ($ 15.00)

In _____ Payment of Coupon on Pre-need Trust for Lubor G. James

Lot 28 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 55.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
32150343-5

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, CA 92104 STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36529

Date: 8-8, 1988

From: [illegible] Address: 3420 [illegible]

[illegible] Dollars ($ 15.00)

In [illegible] Payment of [illegible]

Lot 28 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-4300

BALANCE DUE 40.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	15	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	—

AC-212 (Rev. 10-87)

32149615-3

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Enclosed $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36677

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-12, 19 88

From: Eugene James Address: 3420 Nile Street, SD CA 92104

Fifteen dollars no/100 — Dollars ($ 15.00)

In _____ Payment of Coupon #22 Pre-need Trust

Lot 28 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 25.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

095 689 618

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

SEP 19 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15.00
Sales Tax	60101 78390	
TOTAL PAID	$	15.00

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											XX

Amount due when paid on, or before, due date above. 15th ▶ $ 13.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

$ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36826

Date: 10-12, 19 88

From: James Eugene Address: 3420 Nile Street, SD CA 92104

Fifteen No/100 Dollars ($ 15.00)

In _____ Payment of Coupon 23 Pierced Trust for Tubar James

Lot 28 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE 10.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

09-1650-434

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 14 1988

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. James
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											XX

Amount due when paid on, or before, due date above. 5th ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO, STATE CA ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36966

Date: 11-14, 1988

From: [illegible] Address: 3420 [illegible] Street San Diego

[illegible] Dollars ($ 10.00)

In _____ Payment of Coupon 24 Final payment

on pre-need trust burial services for [illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6300

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3961439 0043

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 21 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184	1	
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6300

Eugene A. Jones
3420 Nile Street
San Diego, CA 92104

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											XX

Amount due when paid on, or before due date above: 5th ▶ $ 10.00

Amount due if paid more than ____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME EUGENE A. JAMES

ADDRESS 3420 NILE ST.

CITY SAN DIEGO. STATE CA. 92104 ZIP

☐ check (✓) if this is new address