MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Emily Blayzor

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 12/4

Church, Chapel, Graveside Delivery ; Todd Mortuary.

All Funeral cars must arrive 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 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund D-7985 (1977)	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 33964	242.40
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

See attached
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6301

PY-693 (REV. 8-85)

6301

Business Office and Pomona Chapel
570 NO. GAREY AVENUE
POMONA, CA 91767
TELEPHONE (714) 622-1217



Claremont Chapel
325 NO. INDIAN HILL BLVD.
CLAREMONT

TODD *Memorial* CHAPEL
TODD & SMITH, INC.
FUNERAL DIRECTORS SINCE 1907

November 19, 1986

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

Re: Gertrude Emily Blayzor

Dear Sir:

Enclosed are the cremated remains of Gertrude Emily Blayzor who passed away November 11, 1986 at Pomona.

As discussed with George Stelder, these remains are to be buried in Lot 28, Grave 8, Section 3, Division 12. Also enclosed is our check for $242.40 which covers opening and closing of the grave and the vault.

If you should have any questions, please give us a call.

Sincerely,

TODD MEMORIAL CHAPEL

John R. Todd
Chief Financial Officer

JRT:bw

Encl.

REFERENCE			AMOUNT	
Slayton				
of C			200	—
Vault			42	40
1				
14470			242	40
CHECK NO	DISCOUNT		GROSS	

IN PAYMENT OF THE ABOVE INVOICES
PLEASE DETACH BEFORE DEPOSITING

TODD MEMORIAL CHAPEL
Todd and Smith, Inc.
570 North Garey Avenue
Pomona, California 91767

6301

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6301

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERTRUDE EMILY BLAYZOR	Female	Oct. 9, 1898	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
Pomona	Los Angeles	G. Robert Blayzor-son 14082 Wingate Circle Magalia, CA 95954

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Todd Memorial Chapel 570 N. Garey Pomona, CA	110

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Cmty. 3850 Imperial Ave. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Pomona Cmty. 502 E.Franklin Pomona, CA	DATE CREMATED 11/12/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY POMONA CEMETERY ASSOCIATION ▶ ROBERT J. RANCK, Secy.-Manager
BURIAL AT SEA OR DISPOSITION OTHER 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 NOV 12 1986 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert B. Mata
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/9/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Larry 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 Vital Records Room L-1 313 N. Figueroa St., Los Angeles, CA 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.

OFFICIAL RECEIPT

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

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

Nº 33964

Date: 12-3 , 19 86

From: Todd Mem. Chapel Address: 520 N. Third Ave Pomona, Ca 91767

Two hundred sixty two and 40/100 Dollars ($ 262.40)

In full Payment of Gertrude Bailey Blazzard Services

Lot 28 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6301

BALANCE DUE 0

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

AC-212 (Rev. 11-86)

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

CITY AUDITOR
DEC 4 1986

ISSUED BY Bo Yang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	110	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 76360	17	40
TOTAL PAID	$	262	40

County Post-Thru

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/3/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Markieth Green - DoD-11/26/86

in a none (Vault/Liner) Funeral, date, time Wed 12/10 9:00

Church, Chapel, Graveside Delivery ; Hagsdale Mortuary.

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

✓ Lot 633 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund ..... Babyland	28
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	45
Burial Container ... none	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73 00
Paid receipt number ____	
Balance due	

County Case (P.A) #13781 Via Mary Sage.

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

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

Signature of recorded holder of deed

County of SD
Signature

Address

Sasse Zip Code

Telephone

Invoice # 050390

Work Order # E 6302

Acct. # 000952

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6302

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARKIETH GREEN	Male	Nov. 26, 1986	Nov, 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
La Mesa	San Diego	Gloria Patterson - Mother 5379 Santa Margerita San Diego, California 92114

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 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 DEC 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	

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

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C05-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/09/87

DATE: 02/09/87
TIME: 233609
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
050390	12/17/86	000952	COUNTY OF SAN DIEGO					02/04/87	CK	04-763496			
E6302			100	072		77181	000072				73.00	73.00	0.00
			100	072		77184	000072				45.00		
											28.00		PAID IN FULL

E6302

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/3/86

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri - 12:30 - 12/5

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 5180 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Upright Marker - O.K.	695.00
Additional spaces and care fund ..... now	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	405.50
Paid receipt number	
Balance due	

Paid 11-16-87

30 days 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

Arthur L. King
Signature
5930 Lund Ave
Address
San Diego Calif 92102
State Zip Code
265-5190
Telephone

Work Order # E 6303

Invoice # 050064

Acct. # 019860

PY-583 (REV. 8-86)

W.O. NO. E 6303

NOTE—STRAIGHT

$ 1405.50 San Diego, California, December 2, 19 86

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Fourteen Hundred five and 50/100 DOLLARS,

with interest from January 5, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x Arthur L Hess

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6307

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALBERTA PHYLLIS KING	Female	Jan. 5, 1948	Found Nov. 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	Monica Afford - Daughter 1040 29th Street Apt. 3 San Diego, California 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 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 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 DEC 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James (JIM) Walker

in a Bell liner (Vault/Liner) Funeral, date, time Sat 12/6 - 11Am

Church, Chapel, Graveside Chpl - HDS ; Rosedale Mortuary.

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

Lot 26 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	495 00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container Bell Concrete Liner	100 00
Handling Fees	145 00
Flower vases - Marker Setting fee Sat. Overtime fee	380 00
Recording and filing fee	35 00
	6 00
Total Due	1481 00
Paid receipt number 34024	1481 00
Balance due	0

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

30 days

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

Jim Walker
Signature

5142 Olivera Ave
Address

San Diego Calif
Zip Code

262-4610
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6304

Acct. # _____

PY-693 (REV. 8-86)

6304 124574

ted States of America – State of New Mexico – Vital Records

RTIFICATE OF DEATH – Certified by Medical Investigator ☐ Certified by Physician ☐

Dona Ana (County of Death) — Las Cruces (City, Town, Location)

DECEDENT – NAME (First, Middle, Last)	SEX	DATE OF DEATH (mo, day, yr)
1. JAMES D. WALKER	2. M	3. Nov. 29, 1986

DATE OF BIRTH (mo, day, yr)	AGE – last birthday	UNDER 1 YEAR (Mos. / Days)	UNDER 1 DAY (Hours / Min.)	RACE – Specify White, Black, Native American, etc.	IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.)
Aug. 22, 1916	4a. 70 yrs.	4b.	4c.	5a. Black	5b.

IF HISPANIC, Specify: ☐ U.S. Southwest ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other: 6c.

HOSPITAL OR OTHER INSTITUTION – Name (If neither, give street and number): 7a. Hiway 292 Chevron Station

IF HOSP OR INST., Specify DOA OP/Emer. Rm./Inpatient: 7b.

STATE OR COUNTRY OF BIRTH	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED – Specify	SURVIVING SPOUSE (If wife, give maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES?
8. Texas	9. USA	10. Divorced	11.	12. ☒ Yes ☐ No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13. 462-12-0982	14a. Tender	14b. Standard Oil

RESIDENCE – State	County	CITY, TOWN OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS?
15. California	16. San Diego	San Diego	220 S. 37th St.	16a. ☒ Yes ☐ No

FATHER – NAME (First, Middle, Last)	MOTHER – MAIDEN NAME (First, Middle, Last)
18. Lee Walker	17. Stella Madlock

INFORMANT – NAME (Type or print)	MAILING ADDRESS – Street/RFD No., City/Town, State, Zip
18a. Minnie Ola Bolton	18b. 220 S. 37th St., San Diego, Calif. 92113

BURIAL, CREMATION, REMOVAL, OTHER – Specify	CEMETERY / CREMATORY – Name	LOCATION – City/Town, State
19a. Removal-Burial	19b. Greenwood Memorial Park	19c. San Diego, Calif.

FUNERAL SERVICE LICENSEE or Authorized Rep. – Signature	FACILITY – NAME	FACILITY – ADDRESS
20a. [signature] 324	20b. Graham Mortuary	20c. Las Cruces, N. M.

CERTIFIER'S SIGNATURE – 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.	DATE SIGNED (mo, day, yr)	HOUR OF DEATH
21a. [signature] William T. Baker, 2020 S. Solano, Las Cruces, N. M.	21c. Dec. 1, 1986	21d. M
☐ Office of the Medical Investigator, University of New Mexico Medical School, Albuquerque, NM 87131 ☐ Certified Physician 21b.	PRONOUNCED DEAD (mo, day, yr) 21e. Nov. 29, 1986	PRONOUNCED DEAD (hour) 21f. 8:09 M
	REGISTRAR'S SIGNATURE 22a. [signature]	DATE RECEIVED 22b. 12-4-86

23. PART I – IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c)

a. A. S. C. V. D. — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

b. — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

c. — Interval between onset and death

PART II – OTHER SIGNIFICANT CONDITIONS – Contributing to death but not related to cause given in PART Ia.

AUTOPSY	If yes, were findings considered in determining cause of death?
24a. ☐ Yes ☒ No	24b. ☐ Yes ☐ No

WAS RECENT SURGICAL PROCEDURE PERFORMED?	IF YES, SPECIFY TYPE OF PROCEDURE	DATE OF PROCEDURE	WAS DECEDENT PREGNANT WITHIN LAST 6 WEEKS?	If yes, estimated length of pregnancy
25a. ☐ Yes ☒ No	25b.	25c.	26a. ☐ Yes ☒ No	26b.

Acc., Suicide, Hom., Under Pending Invest. Specify	DESCRIBE HOW INJURY OCCURRED	HOUR OF INJURY	DATE OF INJURY (mo, day, yr)
27a.	27b.	27c. M	27d.

INJURY AT WORK	PLACE OF INJURY – Specify home, farm, street, etc.	LOCATION – Street/RFD No., City/Town, State
27e. ☐ Yes ☐ No	27f.	27g.

THIS IS A LEGAL DOCUMENT

CERTIFIED COPY OF VITAL RECORD

STATE OF NEW MEXICO
HEALTH AND ENVIRONMENT DEPARTMENT

HEALTH SERVICES DIVISION
DONA ANA COUNTY

This is a true and exact reproduction of the original document officially registered and placed on file in the Vital Records Section of the Health and Environment Department in Santa Fe, New Mexico and issued under the authority of the State Registrar of Vital Statistics.

DATE ISSUED: Dec. 4, 1986

CONTROL NO: _____

TERRENCE D. GUILBAULT
State Registrar
Vital Statistics Bureau

This document not authentic unless reproduced on yellow safety paper displaying the Raised Seal of the State Registrar.

DO NOT DUPLICATE BY ANY MEANS

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#6304

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES WALKER	Male	Aug. 22, 1916	Nov. 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
Las Cruces New Mexico	New Mexico	Minnie Ola Bolton - Sister 454 South 65th Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, Calif.	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 5 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 DEC 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

[redacted]

OFFICIAL RECEIPT

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

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

Date: 12/16/86, 19

From: Minnie Ola Bolton Address: 454 So 65th St S.D. 92114

Fourteen hundred eighty one and 00/100 Dollars ($ 1481.00

In full Payment of Interment fees for James Walker - dec.

Lot 26 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6304

BALANCE DUE

Paid

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	415	00
Pre-Need Trust	83033 9022	—	—
Sales Tax	60101 79390	6	00
TOTAL PAID	$	1481	00

AC-212 (Rev. 11-86)

203.

OFFICIAL RECEIPT

№ 34666

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

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

Date: 6/8, 1987

From: Minnie ola Bolton Address: 454 So 65 St SD

One Hundred and no/100 Dollars ($ 100.00)

In Part Payment of Installation of V.A. Marker on grave of James Walker

Lot 26 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No. —

W.O. E 6304

BALANCE DUE $ 25.00

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

486

AC-212 (Rev. 11-86)

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

ISSUED BY George Stetts

CREDIT 20% Sales Care	67607 77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77183	—
Recording & Misc. Fees	100 77183	100.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	100.00

Work order

№ 34772

OFFICIAL RECEIPT

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

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

Date: 7-6, 87

From: Minnie O. Bolton Address:

Twenty - five Dollars ($ 25.00)

In Payment of Installation of V.A. Marker

Lot 26 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6304

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
570

AC-212 (Rev. 11-86)

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

ISSUED BY Kathy Ward

CREDIT		
20% Sales Cars	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	25 -
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 -

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry LeRoy Hensen, Jr

in a Double Crypt (Vault/Lines) Funeral, date, time Tues 12/9

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 34 Grave 3 Row _____ Section 1 Division/Block 7

Grave space & Care Fund	Pr need #2494	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee	Disinterment fee	700.00
Recording and filing fee		35.00
Sales taxes		19.60
	Total Due	1724.60
	Paid receipt number 33975	1724.60
	Balance due	0

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

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

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

Signature of recorded holder of deed

Mrs Marian B. Hensen
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6305

PY-693 (REV. 8-86)

Disinterred from Lot 33, Gr 7, Sect. 1, Dion 12 all Permits are O.K. [illegible]

6304

THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

December (MONTH) 1986 (YEAR)

LE ROY

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

Henry LeRoy Hensen, Jr.

from Lot 33 Grave 7 Section 1 Row ~ Block ~ Div 12
and to remove the same to and reinter said remains in Lot 34 Grave 3
Section 1 Row ~ Block ~ Div 7.

Burial to be in bottom of Double Crypt.

The undersigned hereby certify and represent that they are the legal Father 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. Disinterment fee #700.00
Double Crypt & refund #1024.60
#1924.60

X Henry LeRoy Hensen	Marian B. Henson	
Signature	Signature	Signature
Father	Mother	
Relation to deceased	Relation to deceased	Relation to deceased
X 6542 Gadeloe	Same	
Address	Address	Address

I hereby authorized the above disinterment:

Marian B. Hensen Grandchild
(Lot owner must sign if not legal custodian)

Please list relation to Helen Kinj deceased 10/1954.

12/8

6305

open

33-8-1-12

Double deep -

Slide Williams from Top of 33-7 to bottom of 33-8

Remove Hensen from bottom of 33-7 and take to 34-3-1-7 bottom of Crypt.

Have three Counties on the burner -

This is a $200.00 Disinterment only for Crew.

Hensen — Dim — 6305

1

34+50-1-7

Helen King —

-2494- 30/Jun/39

$700.00

1024.60

$1724.60

Henry Sr.

enron Jr.
Enson

479-8514

33-7-1-12
Bottom

700.

710

1410.50

34-3-1-7

2	FREDERICK, Edith M.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] Deed #2323
3	GROSS, Frank Pierce TOOGOOD, Sarah	Tates	9-1935	35.00	9-14-1935 5-6-1944		Extra Deep In same grave
-34							
1	KING, Howard L.	King, Helen	12-1931	35.00	11/29/1968	C-6519	Over Deed #2494
2	MILLER, Carrie Lee	" "	12-1931	35.00	9/12/55	A-9036	" "
3		" "	12-1931	35.00			" "
-35							
1	POE,						
	ANTHO						Extra Deep Deed #2223
2	DAVIS						
	SEAWE						
3	MIDDI						Extra Deep
-36							
1	CHAND						
2	COLLI						

Hensen Dew 12/2/86

1

34+50-1-7

Helen King

-2494- 30/Jan/39

Henry Sr. (enroll. Sason)

$700.00
1024.60
$1724.60

479-8514

(33-7-1-12 Bottom)

700.
710
1410.50

34-3-1-7

Henry Leroy Hensen, Jr.
mayor

6305

OFFICIAL RECEIPT

№ 33975

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: Marian B. Henson Address: 6542 Garber Ave - S.D. - 92139

Seventeen hundred twenty four and 60/100 Dollars ($ 1724 60/100)

In full Payment of Disinterment of Henry LeRoy Hansen, Jr. and Reburial as per Written orders.

Lot 34 Grave 3 Row Section 1 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E6305

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 3777

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	—
Opening/Closing	100 77181	320 00
Burial Containers	100 77182	330 00
Handling Fee	100 77183	320 00
Recording & Misc. Fees	100 77183	735 00
Pre-Need Trust	63003 9022	—
Sales Tax	60101 78390	19 60
TOTAL PAID	$	1724 60

6305

THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

December 1986
MONTH YEAR

LE ROY

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

Henry LeRoy Hensen, Jr.

from Lot 33 Grave 7 Section 1 Row ~ Block ~ Div 12 and to remove the same to and reinter said remains in Lot 34 Grave 3 Section 1 Row ~ Block ~ Div 7.

Burial to be in bottom of Double Crypt.

The undersigned hereby certify and represent that they are the legal Father 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. Disinterment fee $700.00
Double Crypt & rebuild $1024.60
$1924.60

x Henry LeRoy Hensen	Marian B. Henson	
Signature	Signature	Signature
Father	Mother	
Relation to deceased	Relation to deceased	Relation to deceased
x 6542 Garden Ave	Same	
Address	Address	Address

I hereby authorized the above disinterment:

Marian B. Henson Grandchild
(Lot owner must sign if not legal custodian)

Please list relation to Helen King deceased 10/1954.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit lot for

Date 12-5-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee P. Gist

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 1 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 33984 ✓	25.00
Balance due	225.00

12-5-86

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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6306

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 33984

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

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

Date: 12-5, 1986

From: Lee P. List Address: 321 Greenwood Pl. Bonita 92002

Twenty Five and no/100 Dollars ($ 25.00)

In part Payment of Credit lot sale for self.

Lot 44 Grave 1 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6306

BALANCE DUE $225.00

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
DEC 15 1986
005598

ISSUED BY B. Lang

CREDIT	87007		
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

NAME Gist, Lee P. ACCT. NO. E-6306

ADDRESS 321 Greenwood Place, Bonita, Ca 92002 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Dec 5	86	Lot 44, Gr 1, Sec 2, Div 11	250 00		25 00	225 00

AIGNER FORM NO. 25-204 Gist, Lee P. 44 - 1 - 2 - 11 PRINTED IN USA

6306

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Lee P. Gist

Address 321 Greenwood Pl. Bonita, CA 92002

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 44, Grave 1, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on December 5, 1986, by and between Mt. Hope Cemetery and Lee P. Gist 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

6306

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5 day of December, 1986, between Lee P. List, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 44, Grave 1, Row _____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $250.00, payable as follows: $25.00 cash herewith, the receipt of which is hereby acknowledged; $25.00 on the 10th day of February, 1986; and the balance in installments of $25.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

Send payment book
payments to start Feb. ~~1986~~ 1987

Sent 12/8/86

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of this Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property purchase and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

6304

WITNESS our hands this day and year above written.

Deed to be issued to: LEE P. GIST JR
Name

Address
321 GREENWOOD PL

PURCHASER

LEE P. GIST JR

321 GREENWOOD PC
Street Address (Mail) BONITA 92002

SAN DIEGO CAL 92002
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Barbara Lang

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Head of Spool

Under Maker

Date 12-5-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONALD L. BARBE 11-22-86 DOD

(X) in a ASH VAULT Vault/Liner Funeral, date, time Wed 12/10 A11*

Church, Chapel, Graveside NO SERVICE ; 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

PAID
DEC 5 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 33986	242.40
Balance due	-0-

12-5-86

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.

Nellie A. Barbe
Signature of recorded holder of deed

Donna Stone
Signature
11830 Rocoso Road
Address
Lakeside, Ca. 92040
State Zip Code
443-6796
Telephone

Invoice # ———

Work Order # E 6307

Acct. # ———

PY-583 (REV. 8-85)

DONALD INTERED DEC. 1986 TOP HALF.

6307

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

4/17/1963

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Donald L. & Nellie Barbe for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1522, Section 1, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-9649

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

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

2 x 1 Flush Memorial

Raymond W. Dahne
Cemetery Manager

Pauline de George Asst.
Park and Recreation Director

FORM PR-584

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

8/25/1963

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Donald and Nellie Barbe for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1521 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-0053

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

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

2' X 1' Flush Marker Only

Raymond W. Dahne
Cemetery Manager

Pauline de George Asst.
Park and Recreation Director

FORM PR-584

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
Donald	Leo	Barbe	November 22, 1986	0111

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Male	Caucasian	NO [X]	June 10, 1905	81 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
OH	Don William Barbe-OH	Nellie Grace Parker-OH

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__	294-20-8007	Married	Nellie Price

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Professor	42	Cal-Western University	Education

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
589 N Johnson #125		El Cajon

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	Ca	Nellie Barbe-Wife 589 N Johnson #125 El Cajon, Ca 92020

21A. PLACE OF DEATH	21B. COUNTY
Grossmont Hospital	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
5555 Grossmont Center Dr	La Mesa

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

IMMEDIATE CAUSE
(A) CARDIAC ARREST — Immediate

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF
(B) ATHEROSCLEROTIC HEART DISEASE — YEARS
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
NO	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. (ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.))	(LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.))	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
11-10-86	11-10-86	David Ostrander, MD	11-24-86	G036558

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: DAVID R. OSTRANDER,MD.2001 FOURTH AVENUE SAN DIEGO CA.

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
Cremation	11-26-86	Leneda Inc 14065 Hwy 8 Bus.El Cajon,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
NEPTUNE SOCIETY	F-1352	Donald L. Reeves, M.D.	NOV 26 1986

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-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 PAID: $5.00
DATE ISSUED: DEC. 01, 1986
Donald L. Reeves, M.D.
REGISTRAR OF VITAL STATISTICS

6307

ONLY

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES 6307

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Donald Leo Barbe	Male	June 10,1905	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
La Mesa	San Diego	Nellie Barbe-wife 589 N Johnson #125 El Cajon, Ca 92020

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 11/26/86	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 me 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 Bond MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 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		

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
284-3151

№ 33986

Date: 12-5- , 1986

From: DONNA J. STONE Address: 11330 ROCOSO ROAD, LAKESIDE CA 92040

TWO HUNDRED FOURTY-TWO DOLLARS AND 40/100 Dollars ($ 242.40)

In FULL Payment of INURNMENT OF DONALD L. BARBE

Lot 1522 Grave Row Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E6307

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1790

AC-212 (Rev. 11-86)

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

CITY AUDITOR
DEC 15 1986

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77183	60	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380	2	40
TOTAL PAID		$ 242	40

(D-1P)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-86

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

in a TS Vault (Vault/Liner) Funeral, date, time Wed. 12/10 11:00

Church, Chapel, Graveside : Bagdale Mortuary.

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

Lot 262 Grave 3 Row ____ Section 14 Division/Block 7

Grave space & Care Fund (C-3155 - 1966)	Prepaid
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	710 50
Paid receipt number 34006	710 50
Balance due	-0-

PAID
DEC 10 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Dozie Tillman
2012 Gibson Terr (619)-239-5280
OK City, OK. 73111-(405-427-0271)

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6308

Acct. # ____

PY-503 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6308

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BEATRICE BARRINGTON FORD	Female	March 6, 1904	Found December 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	Dovie Tillman - Sister 2012 Dobson Terrace Oklahoma City, Oklahoma 73111

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 5050 Federal Bl. San Diego	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: DEC 9 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: DEC 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		

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

№ 34006

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

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

Date: 12-10, 1986

From: Anderson-Bagdale Address: 5050 Federal Blvd SD Ca 92102

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

In full Payment of Beatrice Ford Service

Lot 262 Grave 3 Row Section 14 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6308

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
DEC 15 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
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	$	710	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-86

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

in a Ash Vault (Vault/Liner) Funeral, date, time 10-19-87 mon

Church, Chapel, Graveside Delivery ; Welch Ryce Santa Barbara Mortuary.

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

✓ Lot 40 Grave 2 Row _____ Section MAS Division/~~Block~~ O

Grave space & Care Fund (1940)	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 35152	242.40
Balance due	Ø

Called by Welch-Ryce-Harder Fun. Chapel

OK - 10/6/87

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

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

_____
Signature of recorded holder of deed

Welch-Ryce-Harder
Signature

15 E. Sola St.
Address

Santa Barbara CA
Date Zip Code

93101
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6309

PY-593 (REV. 8-85)

To be interred
with mother
Laura L. Hautz

0309

MEMO from

MT. HOPE CEMETERY
3751 Market Street
San Diego, CA 92102
264-3151

05/14/87

Welch-Ryce Harder
15 E. Sola St.
Santa Barbara, CA 93101

RE: Norgaard cremains

On December 8, 1986 we received a call from your office regarding the above deceased. A copy of the order written is attached.

Please advise if the cremains are still coming and how payment will be made.

Thank you for your attention in this case.

Sincerely,

Barbara Lang

Barbara Lang
AA II

cc: file

6309

Roland R. Jurgens
Roger L. Autry
John A. Hauschild
Robert Lariviere

(Donald B. Welch, 1966)
(Andrew C. Ryce, 1971)
John W. Alderson
Senior Partner

Welch-Ryce-Haider

Funeral Chapels

15 East Sola Street, Santa Barbara, California 93101
450 Ward Drive, Goleta, California 93111
Central Office: (805) 965-5145

May 19, 1987

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

Re: Gladys Norgaard, cremains

Dear Mrs. Lang:

Please know we have received your letter dated May 14, in yesterday's mail. I sincerely apologize for not having communicated with you prior to this time.

The Santa Barbara Public Guardian was in the process of taking charge of Mrs. Norgaard's affairs at the time of her death. Mrs. Norgaard's only assets were some shares of stock which had to be sold so that her final expenses could be paid. Somehow the Public Administrator became involved and as the matter now stands the court is also involved.

Please know, that when we are sure of payment we will forward Mrs. Norgaards cremains and our company check to you so that interment may be made. We appreciate your patience and we all hope that this situation will be resolved in the near future.

Sincerely yours,

Welch-Ryce-Haider

John A. Hauschild

By: John A. Hauschild
Partner

JAH:fm

1130 C 1

Roland R. Jurgens
Roger L. Autry
John A. Hauschild
Robert Lariviere

(Donald B. Welch, 1966)
(Andrew C. Ryce, 1971)
John W. Alderson
Senior Partner

Welch-Ryce-Haider
Funeral Chapels

15 East Sola Street, Santa Barbara, California 93101
450 Ward Drive, Goleta, California 93111
Central Office: (805) 965-5145

October 7, 1987

Mt. Hope Cemetery
3751 Martin Luther King Way
San Diego, California 92101

Dear Friends;

Enclosed is our check in the amount of $242.40 for the interment costs for the cremated remains of Gladys Norgaard. I am very thankful that this situation is finally resolved.

Please know that the cremains of Mrs. Norgaard are being sent to you via parcel post return receipt requested.

Thank you so much for your help and understanding.

Sincerely yours;
Welch-Ryce-Haider

John A. Hauschild

John A. Hauschild
Partner

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6709

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLADYS LAURA NORGAARD	Female	October 8, 1888	November 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
Santa Barbara	Santa Barbara	Self before demise

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Welth-Ryce-Haider Funral Chapels	303

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: Welch-Ryce-Haider Crematory 450 Ward Drive, Santa Barbara, CA
DATE CREMATED: 11/28/86
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ James E Parsons

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: 11-26-86
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Laura Harlan

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Gloyce Welch
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY
INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 315 Camino del Remedio, Santa Barbara, CA — Santa Barbara County

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

№ 35152

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

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

Date: 10-13, 1987

From: Welch-Ryce-Haidy Address: 15 E. Sola St. Santa Barbara, Ca. 93101

Two Hundred Forty Two and 40/100 Dollars ($ 242.40)

In Full Payment of Interment of Gladys Nygard

Lot 40 Grave 2 Row — Section MAS Division Block O

Invoice No.

Acct. No.

W.O. E-6309

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 15628

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morrison

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	63053 9022		
Sales Tax	60101 78300	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-86

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

in a Bell liner (Vault/Liner) Funeral, date, time Thurs. 12/11 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 137 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund E5128 (1985) Preneed

Additional space and care fund _____

Opening/Closing & Setting 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and [illegible] 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33994 606.00

Balance due 0

PAID
DEC 9 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Leslie

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

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

_____
Signature of recorded holder of deed

Eva A. Cass
Signature

125 Woodman St
Address

SD Ca 92114
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6310

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6310

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Leoner Hooks Leona Chatman Hooks	Female	Sept. 2, 1905	Dec. 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	Rosie L. Bowen - Sister 3260 Steele 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; SanDDiego, 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 10 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 11 1986 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgew 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramros, 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

OFFICIAL RECEIPT

№ 33994

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

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

Date: 12/9/86, 19

From: Era A. Class Address: 125 Woodman St S.D. 92114

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fee for Leona Hooks

Lot 137 Grave 4 Row ~ Section 1 Division Block 12

Invoice No. ~

Acct. No. ~

W.O. E-6310

BALANCE DUE ~

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

002-0029138

AC-212 (Rev. 11-86)

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

CITY AUDITOR
DEC 15 1986

ISSUED BY [signature]

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

(DIP)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-86

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

in a Bell Vault/Liner Funeral, date, time Wed 12/10 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 1577 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund D8263 (1970)	Pre need
Additional spaces and care fund (DIP - Paid Burial)	
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 33997	606.00
Balance due	-0-

PAID
DEC 10 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Check to come day of services

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6311

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6311

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CECILE MARIE THAYER	FEMALE	MAY 15, 1904	DEC. 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	GEORGE PEASE-BROTHER-IN-LAW 7321 SANTA BARBARA CARLSBAD, CA 92008

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: DEC 9 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

№ 33997

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

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

(92008) Date: 12-10-86, 19

From: George M. Pease Address: 7321 Santa Barbara, Carlsbad, Ca

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

In full Payment of Cecile Marie Thayer Services

Lot 1577 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 6311

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
DEC 15 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)

DOD- 12/6/86

MT. HOPE CEMETERY

INTERMENT ORDER

by 12/12

City of San Diego

Date 12/8/86

PEACOCK

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

in a Cash Vault (Vault/Liner) Funeral, date, time No service 12/11 THURS.

Church, Chapel, Graveside none ; Featherwill Mortuary.

All Funeral cars must 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 head of Span

Lot 74 Grave 4 Row ____ Section 4 Division/Block 5

Grave space & Care Fund ..... Pre need P-7210	—
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ... Comm't Cash 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 33989	242.40
Balance due	0

PAID
DEC 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

over

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

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

Ruth A. Peterson
Signature of recorded holder of deed

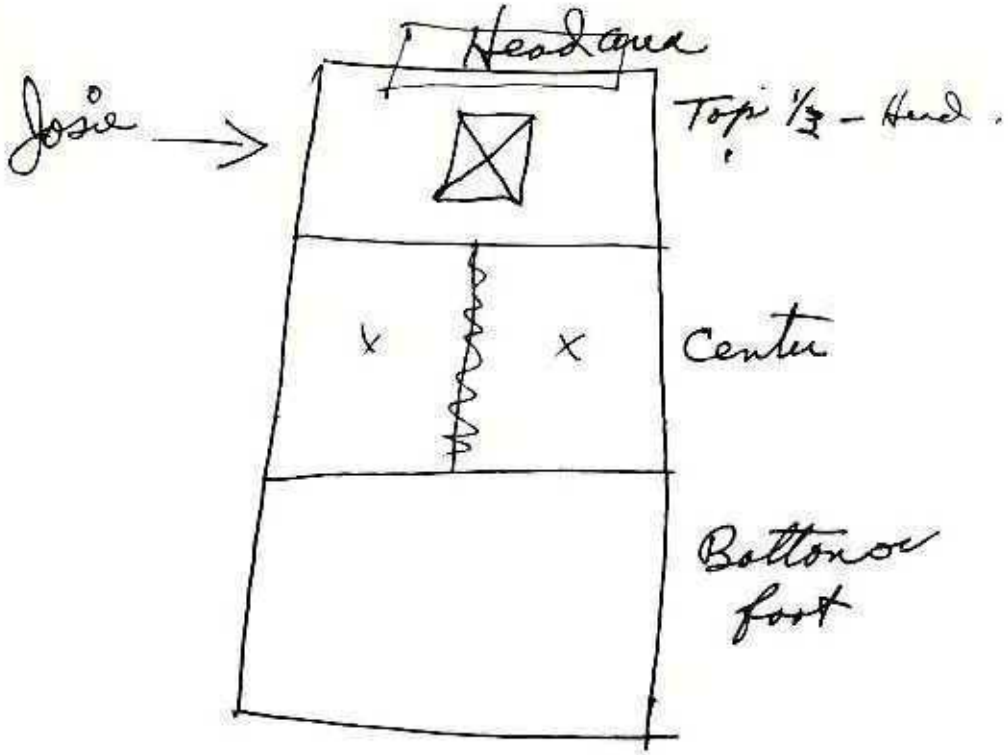
Ruth A. Peterson
Signature
6741 Rosefield Drive
Address
San Diego, CA 92115
State Zip Code
466-7356
Telephone

Invoice # ____

Work Order # E 6312

Acct. # ____

PY-593 (REV. 8-85)


Headquarters
Josie
Top 1/3 - Head.
Center
Bottom of foot

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6712

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHANNA MARIA PEACOCK AKA JOSIE JOHNSON PEACOCK	Female	Nov. 18, 1888	Dec.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	Ruth A. Peterson - niece 6741 Rosefield Dr. 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

- [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. 92102
COUNTY: San Diego

CREMATION
NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a
DATE CREMATED: 12/8/86
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 8 1986
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Remer, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/11/86 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgia 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: 74/4/4/5

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

№ 33989

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

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

Date: 12/8/86, 19

From: Ruth A. Peterson Address: 6744 Rosefield - S.D. 92115

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

In full Payment of Interment of Josie Johnson Search-Dee

Remains

Lot 74 Grave 4 Row 2 Section 4 Division 5 Block

Invoice No. —

Acct. No. —

W.O. E 6312

BALANCE DUE —

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

AC-212 (Rev. 11-86) 0326

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

CITY AUDITOR
DEC 15 [illegible]

ISSUED BY

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
	100	60 00
Handling Fee	77183	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	83033 9022	—
Sales Tax	60101 76390	2 40
TOTAL PAID	$	242 40

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need

City of San Diego

Mil. Detail - 3 P.M.

Date 12/8/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James O. Churchill

in a Top Seal Vault (Vault/Liner) Funeral, date, time 2 P.M. - Thur 12/11

Church, Chapel, Graveside Chapel ; 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 WW2 - Navy

Lot 109 Grave 11 Row ~~[illegible]~~ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Single & Care	495.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Concrete Top Seal	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

30 day note

Paid receipt number

Balance due

I hereby certify I am the 1/2 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]
Signature of recorded holder of deed

[signature]
Signature

1825 W. PASADENA
Address

PHOENIX AH12 85013
State Zip Code

265-9365
Telephone

Marker Statement + address on envelope

Invoice # 050395

Work Order # E 6313

Acct. # 019989

PY-593 (REV. 8-85)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/02/87

DATE: 02/02/87
TIME: 212446
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
050395	12/17/86	019989	JESSE JORDAN					01/29/87	CK	5881	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			78390					10.50		
			67007			77184					99.00		

E6313

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,205.50

W.O. NO. E6313

NOTE—STRAIGHT

$ 1205.50 San Diego, California, December 8, 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 Twelve hundred five and 50/100 DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X Jesse Jordan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6313

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
M James O. Churchill	Male	May 21, 1918	Dec. 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
San Diego	San Diego	John C. Churchill – Son 4755 Home Ave. #44 San Diego, CA. 92105

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 Makket 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 10 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 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.

OFFICIAL RECEIPT

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

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

CITY AUDITOR Nº 35449

DEC 31 1987

Date: 12/22/87, 19

From: Lavada D Cevallos Address: San Diego -
One Hundred Twenty five and no/100 Dollars ($ 125.00)
In full Payment of James Churchill Memorial setting fee

Lot 109 Grave 11 Row Section 1 Division 11

Invoice No.

Acct. No.

W.O. Issued E-6313

BALANCE DUE

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

AC-212 (Rev. 10-87) 278

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

ISSUED BY George Stitt

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	125 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	125 00

OFFICIAL RECEIPT

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

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

№ 36580

Date: 8-24, 1988

From: Margaret Schild Address: 4333 Mississippi #3 SD 92104

Fifteen 92/100 Dollars ($ 15.92)

In _____ Payment of Flower Cup for James Churchill

Lot 109 Grave 11 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6313

BALANCE DUE —

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
SEP 6 1988

ISSUED BY [signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 9022		
Sales Tax	60101 78390		32
TOTAL PAID	$	15	92

(DIP)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-86

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

in a Bell liner (Vault/Liner) Funeral, date, time Mon 12/15 2:00

~~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 ____ .

✓ Lot 13 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund D6571 (1976) Prepaid

Additional spaces and care fund ....

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 14.50

Flower vases - Marker setting fee ....

Recording and filing fee 3.50

Sales taxes 6.00

Total Due 606.00

Paid receipt number 34020 606.00

Balance due ____

PAID
DEC 15 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Narvella

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6314

Acct. # ____

PY-503 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK [redacted] MAKE NO ALTERATIONS [redacted] ERASURES

6314

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELIZABETH C. JONES	Female	3-8-1900	12-6-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Los Angeles	Los Angeles	Rev.Robert L.Waddell,Sr.-Sor

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
of Winston Mortuary,9501 S.Vermont Ave.L.A. House	639	5607 Edgemar Los Angeles, Ca. 90043

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:

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 10 1986

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Robert B. Hale HW

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/15/86 (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: 313 N. Figueroa Los Angeles, CA 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.

[redacted]

OFFICIAL RECEIPT

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 Anderson Pargsdale Address: 5050 Federal Blvd - S D 92102

Six Hundred and Six Dollars ($ 606.00)

In full Payment of Interment fees for Elizabeth Jones - Dec

Lot 13 Grave 1 Row — Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 6314

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 [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

Disinter:

Date 12-9-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Lee Brewer

in a _____ (Vault/Liner) Funeral, date, time Wed 12/10 by noon

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 52 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund (Burial in 1974, D4191 T.S. Vault) _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees .. Disinterment 700 00

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

..... _____

PAID
DEC 9 1986
MT. HOPE CEMETERY
SAN DIEGO, CALIF.

Total Due 700 00

Paid receipt number 33992 700 00

Balance due —0—

_____ of the above named decedent hereby authorize disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6315

Acct. # _____

PY-583 (REV. 8-85)

6315

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

~~December~~ MONTH 1086 YEAR

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

GERALD LEE BREWER

from Lot 52 Grave 1 Section 1 Row 2 Block 2 Div 11
and to remove the same to ~~and reinter said remains in Lot xxxxxxxx Grave xxxxxxx Section xxxxxxx Row xxxxxxx Block xxxxxxx Div xxxxxxx~~ To Gate for Reinterment in the

Wilder Cemetery, Wilder, Idaho By Brother, Bill Brewer a Licensed Funeral Director in Idaho
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.

~~Maureen~~ M Brewer	Lee Brewer	
Signature	Signature	Signature
widow (spouse)	Brother	
Relation to deceased	Relation to deceased	Relation to deceased
7816 Fern St Boise Idaho 83705	105 E. Carlton Ave. Meridian, Id. 83642	
Address	Address	Address

I hereby authorized the above disinterment:

M. M Brewer
(Lot owner must sign if not legal custodian)

George 6315 12/5/86

Re: Gerald Lee Brewer
Lot 52 Gr. 1 Sec 1 Div 11
His brother Bill would
like to have his
remains and stone
moved to Idaho:
Please call him
Bill) at
Bill - PO 255
Chapel of Chimes
Meridian, Idaho
83642
1-208-888-4454

.410.00 (165 gr) USN:-

Maureen M. Brewer

.544-4333

100 Carbt
50 - air Tray
50 - Permt
65 - transport
50 -

315.00

6315

THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

December MONTH 1986 YEAR

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

Gerald Lee Brewer

from Lot 52 Grave 1 Section 1 Row — Block — Div II
and to remove the same to ~~and reinter said remains in Lot Grave Section Row Block Div~~. ~~in the State of Idaho~~ gate for → By family

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	
Signature	Signature	Signature
Widow (Spouse)	Brother	
Relation to deceased	Relation to deceased	Relation to deceased
Address	Address	Address

I hereby authorized the above disinterment:

X — M. M. BREWER

(Lot owner must sign if not legal custodian)

Fee of $700.00 to be paid in advance - To Mt. Hope
Fee of $ 50.00 to Clear Health Dept - another Calif funeral Home

6315

Mayer Mortuary
"We Share Your Caring"

John E. Mayer

2859 Adams Ave.
San Diego, CA 92116

(619) 281-7055

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

Telephone:
(619) 264-3151

GEORGE STELTER
Cemetery Manager

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

OFFICE OF
MT. HOPE
CEMETERY

Bill Brewer
Chapel of Chimes
P.O. Box 255
Meridian, Idaho
83642

LOT 52 SECTION 1 DIVISION 11

6315

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMARKS
1	BREWER, Gerald Lee	BREWER, Maureen M.	3/8/1974	165.00	3/12/1974	D-4191	Top seal vault
2		BREWER, Maureen M.	6/16/1974	165.00		D-4617	
3	KLOPCIC, Anthony J.	KLOPCIC, Lucille	9/17/1973	(D.I.P.) 165.00	9/19/1973	D-3542	(OVER) Whited Top Seal
4	SWALM, Donald W.	SWALM, Dorothy E.	2/21/1973	(D.I.P.) 250.00	2/23/1973	D-2736	Whited T.S. vault
5	MILLER, William AugustJr	W. A. & MILLER, E. Bernadene	11/30/1972	D.I.P. 250.00	01/24/1986	E-5677 D-2402	OVER
6		LaVerne K. & WILSON, O'Della M.	1/11/1973	D.I.P. 250.00		D-2588	OVER
7	LEPORE, Jennie LEPORE, Luigi (Louis)	Louis & LEPORE, Jennie	3/19/1973	(D.I.P.) 250.00	06/17/1986 9/20/1974	E-5978 D-4978 D-2852	OVER X-DEEP
8	FLINT, Charles H., M.D.	FLINT, Frank B., M.D.	10/15/1973	165.00	10/17/1973	D-3654	
9		NASH, Audrey A.	4/30/1974	165.00		D-4406	
10	NASH, Ira J.	NASH, Audrey	10/3/1973	165.00	10/5/1973	D-3612	
11	HERRING, Cecil LeRoy	HERRING, Ruth C.	7/8/1973	165.00	7/10/1973	D-3264	
12		HERRING, Ruth C.	7/8/1973	165.00		D-3264	

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6315

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gerald Lee Brewer	Male	Oct. 16, 1936	March 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	Maureen Brewer - Wife 2816 Gem Street Boise, Idaho 83705

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

- ☐ 1 BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: Wilder Cemetery, Wilder, Idaho		COUNTY: Ada
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		

Received 12/10/86 — Dell Brewer Brother

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance 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 0 9 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 _____ (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, Vital Records, 1700 Pacific Hwy., San Diego, CA. 92101

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

Nº 33992

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

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

(83642) Date: 12-09, 19 96

From: Bill Brewer Address: Chapel of Chimes 105 E. Carlton, Meridian Idaho

Seven Hundred and No/100 Dollars ($ 700.00)

In Full Payment of Disinterment of Gerald Lee Brewer to Wilder Cemetery, Wilder, Idaho

Lot 52 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6215

BALANCE DUE 0

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

AC-212 (Rev. 11-88)

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

CITY AUDITOR
DEC 13 ...

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	700	00
Pre-Need Trust	65033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	700	00

MT. HOPE CEMETERY

INTERMENT ORDER

No services

City of San Diego

Date 12-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucile D. Fuqua

in a Asb Vault Vault/Liner Funeral, date, time Wed. 12:1 AM

Church, Chapel, Graveside Delivery ; Hubbard Mortuary.

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

✓ Lot 4 Grave 4 Row ____ Section 4 Division/Block 5

Grave space & Care Fund (1929)	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 34015	242.40
Balance due	-0-

PAID
DEC 12 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

12-12-86

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.

Dorothy E. Kruger
Signature of recorded holder, if deed

Dorothy E. Kruger
Signature
223 Shasta St
Address
Chula Vista 92010
State Zip Code
420-5030
Telephone

Work Order # E 6316

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK [redacted] NO ALTER[redacted] OR ERASURES 6316

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lucile Gage Fuqua	Female	July 23, 1893	Dec. 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
Chula Vista	San Diego	Dorothy E. Kruger - Daughter

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Hubbard Mortuary 321 E St. Chula Vista, Ca.	474	223 Shasta St. Chula Vista, Ca. 92010

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 4040 Market St. San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: 10465 Olde Hiway 80 Leneda Corp. El Cajon, Ca.	DATE CREMATED: 12/17/86	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: 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 16 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Comras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 21 1987 (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

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

Date: 12-12 19 86

From: Dorothy L. Kruger Address: 223 Shasta, Chula Vista 9201

Two Hundred forty-two and 40/100 Dollars ($ 242 40)

In full Payment of Lucile D. Fugua services

Lot 4 Grave 4 Row Section 4 Division Block 5

Invoice No.

Acct. No.

W.O. E6316

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	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	53033 9022		
Sales Tax	60101 76390	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/86

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..November..1986..	$160.
Recording and filing fee	
Sales taxes	
Total Due	$160.
Paid receipt number _____	
Balance due	

Foundation for
Virgie & Clyde King

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

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

_____
Signature of recorded holder of deed

CLEMENS GRANITE CO.
Signature

10527 Prospect Ave.
Address

Santee, CA 92071
State Zip Code

Telephone

Invoice # 050387

Work Order # E 6317

Acct. # 006490

FY-593 (REV. 8-86)

6317

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/08/87

DATE: 01/08/87
TIME: 233456
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
050387	12/17/86	006490	CLEMENS GRANITE COMPANY					01/07/87	CK	13691	160.00	160.00	0.00
			100	072		77183	000072				160.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 160.00

E-6317

OFFICIAL RECEIPT

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

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

Nº 34066

Date: 01-07 ✓ 87

From: Clemens Granite Address: 10527 Prospect, Santee, Ca 92071

One hundred sixty and no/100 — Dollars ($ 160.00)

In full Payment of Marker installations for Nov 1986

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. 050387

Acct. No. 006490

W.O. E6317

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. Tang

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	63033 9022	
Sales Tax	90101 78300	
TOTAL PAID	$	160 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/86

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 November 1986	$1600.
Recording and filing fee	
Sales taxes	
Total Due	$1600.
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

CONTI & SONS
Signature

PO Box 94
Address

San Diego, CA 92112
State Zip Code

Resale #FH25603192
Telephone

Invoice # 050388

Work Order # E 6318

Acct. # 004821

PY-593 (REV. 8-86)

(over)

11/04/86	$125.	2x1	Holder, R.
"	125.	2x1	Kelller, John
"	125.	2x1	Corsello, Maria
"	125.	2x1	Gallardo, Frank & Con.
"	125.	2x1	Conner, Theo & Connie
"	125.	2x1	Aker, Leroy L.
11/06/86	65.		Williams, Herman
11/13/86	160.	2x1 Fndn	Tanner, Marjorie
11/26/86	125.	2x1	Johnson, Mattie
"	125.	2x1	Reed, Koonce
"	125.	2x1	ElShabazz, Primo
"	125.	2x1	Wright, ABigail
"	125.	2x1	Hudson, Thelma
Total	$ 1,600.		

OFFICIAL RECEIPT

№ 34034

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

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

Date: 12-24, 1986

From: Conti & Son Address: PO Box 94 Sud Ca 92112

Sixteen hundred and no/00 Dollars ($ 1600.00)

In full Payment of Marker installations for Nov. 86

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 050388

Acct. No. 004821

W.O. E6318

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.

4

ISSUED BY [signature]

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	$	1600.00

AC-212 (Rev. 11-86)

E1318

050388 12/17/86 004821 CONTI AND SON MEMORIAL CO 12/24/86 CK 6468 1,600.00 1,600.00 0.00
100 072 77183 000072 1,600.00 PAID IN FULL
E1318

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/86

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 November 1986 $1005.00
Recording and filing fee	
Sales taxes	
Total Due	$1005.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

Seaman-Poe Monument Co.
Signature

3893 Imperial Avenue
Address

San Diego, CA 92113
State Zip Code

Resale F-40258
Telephone

Invoice # 050389

Work Order # E 6319

Acct. # 000253

PY-583 (REV. 8-86)

(over)

11/4/86	$125	2x1		Blackman III, Will N.
"	125	2x1		Wilburn, B. R.
"	125	2x1		Smith, Albert
11/24/86	130	2x1	Bnz	Shopshire, E.
11/13/86	125	2x1		Long, Rosie
"	125	2x1		Ock, Wong
"	125	2x1		Nevada, Victoria
"	125	2x1		McDavid, Sharleen
	$1,005			

050389	12/17/86	000253	SEAMAN/POE MONUMENT CO			12/31/86	CK	1337	1,005.00	1,005.00	0.00
	E 6319		100 072	77183	000072				1,005.00		PAID IN FULL

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 4,499.80

Atkins

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Spencer Atkins in a Bell Liner Vault/Liner Funeral, date, time Fri/12/12/ 1 P.M. Church, ~~Chapel, Graveside~~ Church + Hall ; 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 95 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	
Balance due	

30 Day Note

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

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

Gloria M. Atkins
Signature of recorded holder of deed

Gloria M. Atkins
Signature
350 Las Flores Terr
Address
San Diego, CA 92114
City Zip Code
(619) 263-2908
Telephone

Invoice # 050396

Work Order # E 6320

Acct. # 019991

FY-583 (REV. 6-85)

W.O. NO. E6320.

NOTE—STRAIGHT

$ 856.00 San Diego, California, Dec 12, 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 Eight hundred fifty six and no/100 — DOLLARS.

with interest from January 12, ~~1986~~ 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X Glorin M. Atkins

1350 Las Flores Terr

Mailing Address

San Diego, CA 92114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FO[redacted]SPOSITION OF H[redacted]N REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

63120

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SPENCER ATKINS	Male	May 19, 1895	Dec. 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
San Diego	San Diego	Juanita Atkins - Wife 350 Las Flores Terrace San Diego, California 92114

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 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 12 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 DEC 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

E-6320

396	12/17/86	019991	GLORIA ATKINS				06/29/87	CK	1225	189.00	856.00	0.00
			100	072	77181	000072				70.65		PAID IN FULL
			100	072	77182	000072				22.08		
			100	072	77183	000072				39.74		
			100	072	77184	000072				44.16		
			60101		78390					1.32		
			67007		77184					11.05		
											25.00	0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pineneed lot for:

Date 12-10-86

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

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 95 Grave 12 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 34007 V	10 00
Balance due	240 00

12-10-86

(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 6321

Acct. # _____

PY-503 (REV. 8-86)

		240.00
4-23-87	34479 ✓	10.00
		230.00
4-28-87	34495 ✓	20.00
		210.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Patterson Barber (X)

in a Oak Vault (Vault/Liner) Funeral, date, time Fri 12/12 1:00

Church, Chapel, Graveside ; 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 4032 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund (1969) C6956 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 25 00

Sales taxes 2.40

PAID
DEC 12 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Patricia Rosenbaum

Total Due 242.40

Paid receipt number 34018 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.

Eugene Rosenbaum
Signature

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

X Eugene Rosenbaum
Signature of recorded holder of deed

(Eugene Rosenbaum owner)

Address

State Zip Code

Telephone#

Invoice # ____

Work Order # E 6322

Acct. # ____

PY-603 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

24379

6322

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Katherine Garber	Female	09-20-1909	12-04-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	PRENEED TELOPHASE: 5749 Bakewell Street San Diego, CA 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
1335 Camino Del Rio S., San Diego, CA TELOPHASE SOCIETY	F1272

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Manchester Ave., Anaheim, CA CREMAR CREMATORY-2299 S.	DATE CREMATED: 12/8/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Mark Rogers
BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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: PRENEED TELOPHASE ▶ Mary Whited DATE SIGNED: December 8, 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: DEC 08 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 12/12/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W. 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 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

Date: 12/12/86, 19

From: Eugene Rosenbaum Address: 5744 Bahrwell St S.D. 92117

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

In full Payment of Interment of Mary Patterson Garber - due

Lot 4032 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6322

BALANCE DUE —

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

AC-212 (Rev. 11-86) 1308

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

ISSUED BY Geoyen Stith

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

Center (3-deep)

Date 12-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe #1590-86

in a _____ Vault/Liner Funeral, date, time Thurs 12/11 3:00

Church, Chapel, Graveside Delivery ; So Ca - Burial Mortuary.

All Funeral cars must arrive 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 Division/~~Block~~ 12

Grave space & Care Fund ..... On Top Level	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container ..... Cardboard Box - Cash	
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

Address

State Zip Code

Telephone

Invoice # 050392

Acct. # 000952

Work Order # E 6323

PY-593 (REV. 8-86)

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 6323

DECEDENT PERSONAL DATA

DOE, Jane
CC 1590-86

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Jane	---	Doe CC# 1590-86	FOUND August 3, 1986	APPROX 1430

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		NO ☐		YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
	19__ TO 19__			

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN

19D. COUNTY	19E. STATE

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Found, open area	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Approx. 25 ft. N. of State Highway 67, approx. .6 mi. S. of Sycamore Park Road	Lakeside

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

San Diego County Coroner
5555 Overland Avenue
San Diego, Ca 92123

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Shotgun wound, chest

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

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Homicide	Undeterminable	No	FOUND August 3, 1986	APPROX 1430

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): Undeterminable

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): Shot in chest by another person.

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW. I HAVE HELD AN (INQUEST-INVESTIGATION): Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: DAVID J. STARK, Coroner | 35C. DATE SIGNED: 8-4-86

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Temporary Envaultment	AUG 15 1986		

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
San Diego County Coroner			

STATE REGISTRAR

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

VS-11 (1-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6323

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jane Doe CC#1590-86	Female		FOUND August 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
Lakeside	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
SOUTHERN CALIFORNIA BURIAL SERVICE	F-1357

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 11 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 11 1986 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoger 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

050392 12/17/86 000952 COUNTY OF SAN DIEGO

E6323

100	072	77181	000072	02/04/87 CK	04-703496	145.00	145.00	0.0
100	072	77184	000072			90.00		
						55.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Bottom (3-deep)

Date 12-11-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe #1651-86

in a _____ (Vault/Liner) Funeral, date, time Thurs. 12/11 3:00

Church, Chapel, Graveside Delaney - So. Ca. Burial Mortuary.

All Funeral cars must arrive 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 Division/Block 12

Grave space & Care Fund ON bottom Level	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container Cardboard Box - (cash)	
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.

County of S.D.
Signature

Address

Signature of recorded holder of deed

State Zip Code

Telephone

Invoice # 050393

Work Order # E 6324

Acct. # 000952

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6324

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#1651-86	Male		8-12-86

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Pine Valley	San Diego	San Diego CountyCoroner 5555 Overland Avenue San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
SOUTHERN CALIFORNIA BURIAL SERVICE	F-1357

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 11 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 (DATE): DEC 11 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.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

6324

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

DOE
CC 1651-86

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
John	---	Doe CC# 1651-86	FOUND August 12, 1986	1030

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
Male		NO ☐		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
	19__ TO 19__			

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
		San Diego County Coroner 5555 Overland Avenue San Diego, California 92123

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Found, open area	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
60 ft. S. of Old Highway 80 3600 ft. W. of Miller Valley Road	Pine Valley

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Pending

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

DUE TO, OR AS A CONSEQUENCE OF — (B)

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS SHOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED? Yes

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

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

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) / I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS		

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) Investigation	35B. CORONER—SIGNATURE AND DEGREE OR TITLE DAVID L. STARK, Coroner BY: Deputy Coroner	35C. DATE SIGNED 8-13-86

36. DISPOSITION Temporary Envaultment	37. DATE—MONTH, DAY, YEAR AUG 26 1986	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
San Diego County Coroner			

STATE REGISTRAR

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

VS-11 (1-85)

02/04/87 CK 04-7

050393 12/17/86 000952 COUNTY OF SAN DIEGO 77181 000072
E6324 100 072 77184 000072
100 072

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Top (2 deep)

Date 12-12-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe #1641-86

in a _____ Vault/Liner Funeral, date, time Fri 12/12 9:30

Church, Chapel, Graveside Delivery : Mayers Mortuary.

All Funeral cars must arrive 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 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	

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

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

_____
Signature of recorded holder of deed

County of SD
Signature

Address

State Zip Code

Telephone

Invoice # 050391

Work Order # E 6325

Acct. # 000952

PY-893 (REV. 6-85)

L225

050391	12/17/86	000952	COUNTY OF SAN DIEGO			02/04/87	CK	04-763496	145.00	145.00	0.00
	E6325		100	072	77181	000072			90.00		PAID IN FULL
			100	072	77184	000072			55.00		

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6325

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#1641-86	Male	Unk	Found Aug. 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
Alpine	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, CA 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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 ▶ for P.H. DATE SIGNED: 12-10-86
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: DEC 12 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 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.

CERTIFICATE OF DEATH

6325

STATE FILE NUMBER

STATE OF CALIFORN

LOCAL REGISTRATION DISTRICT AND CERT[illegible] NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
John	---	Doe CC# 1641-86	FOUND August 10, 1986	1006

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
Male		NO ☐		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
	19__ TO 19__			

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS

DOE
CC 1641-86

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN

19D. COUNTY	19E. STATE

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Found, open area	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
5800 block Alpine Boulevard	Alpine

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

San Diego County Coroner
5555 Overland Avenue
San Diego, California 92123

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Gunshot wound, head (skeletonized remains

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

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

PENDING

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) Investigation

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

35C. DATE SIGNED: 8-11-86

36. DISPOSITION: Temporary Envaultment

37. DATE—MONTH, DAY, YEAR: AUG 26 1986

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): San Diego County Coroner

40B. LICENSE NO.

41. LOCAL REGISTRAR—SIGNATURE

42. DATE ACCEPTED BY LOCAL REGISTRAR

STATE REGISTRAR

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

VS-11 (1-85)

(DIP)
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth N. Flynn in a Bell Vault/Liner Funeral, date, time Tues 12/16 12:30 ~~Church, Chapel, Graveside~~ Delivery Only : Lemon Grove Mortuary.

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

Lot 25 Grave 2 Row ____ Section 17 Division ~~Block~~ 7

Grave space & Care Fund	Prepaid
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	606 00
Paid receipt number 34025	606 00
Balance due	0

PAID
DEC 16 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by John mortuary to bring check!

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 Patricia Duran

Address 2579 La Mirada Dr

State San Jose, Ca 95125 Zip Code

Telephone ____

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6326

Acct. # ____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6326

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH NAOMI FLYNN	female	Aug 28, 1920	found: Dec 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
San Diego	San Diego	Patricia M. Duran - daughter 2579 La Mirada Dr. San Jose, CA 95125

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Bembough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

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 DEC 15 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, MD mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/16/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gwyen 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.

OFFICIAL RECEIPT

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

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

Date: 12/16/86, 19

From: Patricia Flynn Duran Address: 2579 La Mirada Dr San Jose, 95 12

Six Hundred and Six Dollars ($ 606.00

In full Payment of Interment fees for Ruth Naomi Flynn - dec

Lot 25 Grave 2 Row — Section 17 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-6326

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 1814

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

ISSUED BY Royce Stetts

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

Phone O.K. [illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/15/86

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

in a ~~Topsoil~~ ~~Vault~~ Double Crypt Vault/Liner Funeral date, time 1:30/12/16/Tues.

Church, Chapel, Graveside Graveside ; Conrad Lem gr Mortuary.

All Funeral cars must 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 3111 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund ... Pre need D-569	~
Additional spaces and care fund ... Double deep	~
Opening/Closing & Setup	320.00
Burial Container ... Comite Double Crypt (Bottom)	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 34022	1024.80
Balance due	0

Top reserved for army B.

PAID
DEC 16 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 [illegible] authorization and interment.

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

Signature of recorded holder of deed

[signature]
Signature

8688 Tourmaline Ct
Address

Riverside CA 92509
State Zip Code

(714) 737-5705
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6327

PY-593 (REV. 8-85)

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

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6327

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLES BROOKS PETERSEN	Male	May 13, 1944	Dec. 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	Amy B. Petersen-Mother 2003 Bayview Hgts Dr./Sp. 235 San Diego, CA 92105

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 DEC 16 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 12/16/86 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. 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 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

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

Date: 12/16, 19 86

From: Amy B Peterson Address: 2003 Bayview Heights Sp 235

One thousand twenty four & 80/100 Dollars ($ 1024 80)

In full Payment of Interment fees for Charles B Peterson - Dec

One Double Crypt - tap up for Amy

Lot 3111 Grave Row Section Division 10 Blocks

Invoice No.

Acct. No.

W.O. F6327

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check # 509

AC-212 (Rev. 11-80)

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

ISSUED BY Peggy Stotts

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	320	00
Handling Fee	100 77183	320	00
Recording & Misc. Fees	100 77183	30	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	19	80
TOTAL PAID	$	1024	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/15/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Edward Tompkins

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 2 PM - 12/19

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 WW2 - navy

✓ Lot 413 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	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 34019	1201.00
Balance due	0

PAID
DEC 15 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

Claudine Tompkins
Signature

4120 Estrella Ave 18
Address

San Diego, Ca 92105
State Zip Code

281-7857
Telephone

5111 Orange Ave
San Diego, CA 92115

283-6350

Invoice #

Work Order # E 6328

Acct. #

PY-693 (REV. 8-86)

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

6328

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GEORGE EDWARD TOMPKINS	Male	April 1, 1920	Dec. 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	San Diego	Claudine Tompkins - Wife 4120 Estrella Avenue San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.; 5060 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 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: DEC 18 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/19/86 (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

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

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

Date: 12/15/86, 19

From: C. Tompkins Address: 4120 Estella #18 S.D. 92105

Twelve Hundred One and no/100 Dollars ($ 1201.00

In full Payment of Interment fees for George Edward Tompkins-Du

Lot 413 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E 6328

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) #102

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77164	119	00
80% Sales of Lots	100 77164	476	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	60101 78390	6	00
TOTAL PAID	$	1201	00

OFFICIAL RECEIPT

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

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

№ 35599

Date: 1-25, 1988

From: Mrs. Claudine Tompkins Address: 5111 Orange Ave, Apt 14 SD 92115

Fifteen 90/100 Dollars ($ 15.90)

In _____ Payment of Flower Vases for George Tompkins

Lot 413 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6328

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

JAN 27 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	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35891

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

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

Date: 3-18, 19 88

From: Claudine Tompkins Address: 5111 Orange Ave #14 SD

one hundred twenty-five Dollars ($ 125.00)

In Payment of Marker Installation

Lot 413 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6328

BALANCE DUE 0

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

4446

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 21 1988

ISSUED BY Sandra L. 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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	125	00

Pre need Trust Dep.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amy B Petersen

in a Top of Double Crypt (Vault/Liner) Funeral, date, time Pre need

Church, Chapel, Graveside _____ Mortuary.

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

✓ Lot 3111 Grave 2 Row 2 Section 2 Division/Block 10

Grave space & Care Fund	
Additional space and care fund	
Opening/Closing & Setup To Trust	320.00
Burial Container	
Handling Fees	
Funeral cars and Mortuary service fee	
Recording and filing fee Pre need	35.00
Sales taxes	
Total Due	355.00
Paid receipt number 34023	355.00
Balance due	0

PAID DEC 16 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

Ck# 508

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

8688 Tourmaline Ct
Address

Riverside CA 92509
State Zip Code

(714) 737-5705
Telephone

Invoice # _____

Work Order # E 6329

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

Date: 12/16/86 19

From: Amy B Petersen Address: 2003 Bayview Heights #23J 92105

Three Hundred Fifty Five and 00/100 Dollars ($ 355.00)

In Trust Deposit Payment of For Future need of Amy B. Petersen

Lot 311-Top Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E6329

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check # ☒
508

AC-212 (Rev. 11-86)

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

ISSUED BY

CREDIT	87007		
20% Sales Cem.	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	355	00
Sales Tax	80101 78360		
TOTAL PAID	$	355	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Property transfer from c.

Date 12-17-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerrold C. + Petrula M. Bell

in _____ 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 502 + 503 Grave _____ Row _____ Section 10 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 34027	35.00
Balance due	-0-

PAID
DEC 17 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

For Marion + Ewell
Address

Danielly
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6330

PY-593 (REV. 8-85)

11/14/1969

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

6330

4641

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jerrold C. & Petrula M. Bell for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lots 502 & 503 Section 10 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7908

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

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

Regulation Flush Marker Only

R. W. DeKemp
Cemetery Manager

Public Works Director

FORM PW-584

6330

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

DATE 12/17/86

THAT I/WE, JERROLD C. & PETUNIA M. BELL

RESIDING AT 922 BERYL ST SAN DIEGO CA - 92109
street city state zip

COUNTY OF SAN DIEGO STATE OF CA

FOR $1.00 AND OTHER VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, DO HEREBY QUITCLAIM AND RELEASE ALL RIGHTS INTEREST, USE TRUST, CLAIM, AND DEMAND, WHATSOEVER, IN THE FOLLOWING DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE:

LOTS 502 & 503 Section 10
Division 7

NAME OF CEMETERY MT HOPE

3751 - MARKET ST SAN DIEGO CA 92113
ADDRESS: STREET CITY STATE ZIP

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

MARION DANIELLY one Dollar ($ 1) TO
NAME:
MARION DANIELLY
ADDRESS: 2942 L ST SAN Diego CA 92113
STREET CITY STATE ZIP
NAME:
EWELL DANIELLY
ADDRESS: 2942 L ST SAN Diego CA - 92113
STREET CITY STATE ZIP

AND BY THIS ACT, DO HEREBY RELEASE THE ABOVE NAMED CEMETERY FROM ANY AND ALL LIABILITY OF ANY NATURE WHATSOEVER IN CONNECTION WITH THIS TRANSACTION.

Date: 12-17-86

Petunia M Bell
Jerrold C. Bell

State of California
County of San Diego } ss.

On this 17th day of December 19 86
before me a Notary Public personally appeared
Petunia M. Bell & Jerrold C. Bell
known to me to be the person(s) whose name(s) is subscribed to the above instrument and acknowledged that they executed the same.
Witness my hand and official seal

Gayle Weaver Hatch
Notary Public

OFFICIAL SEAL
GAYLE WEAVER HATCH
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. Sept. 2, 1988

OFFICIAL RECEIPT

№ 34027

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

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

Date: 12-17, 1986

From: Tyrone Brown Address: 1746 Euclid Ind Ca 92105

Twenty five and no/100 Dollars ($ 25.00)

In full Payment of Property transfer fee

Lot 502 + 503 Grave _____ Row _____ Section 10 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E6330

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 05 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	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

No Permits

Date 12-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen F. Eggleston Sr.

in a X Vault/Liner Funeral, date, time Mon 12:29 AM

Church, Chapel, Graveside Delivery ; Chapel Mortuary.

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

✓ Lot 2 Grave 18 Row ____ Section 1 Division/Block 11

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

Grave space & Care Fund	Prepaid
Additional spaces and care fun	
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 34031	140 00
Balance due	-0-

Called by Don

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

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

Signature of recorded holder of deed

Jerry Eggleston
Signature
4156 Tolowa St
Address
SD Ca 92117
State Zip Code
273-5170
Telephone

Notify Don When Completed

Work Order # E 6331

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

(433)

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen F. Eggleston	Female	Feb. 24, 1903	Dec. 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
Lemon Grove	San Diego	Jerrold Eggleston-Son 4155 Tolowa Street San Diego, California 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mort, 4266 Mt. Abernathy Ave., San Diego, CA	F-1126

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

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

FOR 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: DEC 23 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: 12/19/86
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: DEC 23 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 DEC 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 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

№ 34031

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

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

Date: 12-22, 1986

From Gerald J. Eggleston Address: 4155 Tolowa St SD Ca 92117

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

In full Payment of Helen F. Eggleston Service

Lot 2 Grave 18 Row ____ Section 1 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E 6331

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 05 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
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	$	140	00

AC-212 (Rev. 11-86)

(DIP)

1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 AM

Date 12-19-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Horace Wakefield Allen

in a Double Crypt ~~[illegible]~~ Vault/Liner Funeral, date, time Fri 1/2/87 10 AM

Church, Chapel, Graveside Chapel, 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 YES - WW1 - army

Lot 90 Grave 1 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D-2861 (1973) Preneed

Additional spaces and care fund		
Opening/Closing & Setup	320	320.00
Burial Container	330	330.00
Handling Fees	320	320.00
Flower vases - Marker setting fee		
Recording and filing fee	35.00	35.00
Sales taxes	19.80	19.80
Total Due		1024.80

Called by Jerry Meadows

Paid receipt number ____

Balance due ____

I hereby certify I am the Thoughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 M Lee
Signature

8301 Basham Lake Ave
Address

San Diego Cal 92119
State Zip Code

469-6329-
Telephone

Basham Lake

Invoice # 051795

Acct. # 020442

Work Order # E 6332

PY-593 (REV. 8-85)

W.O. NO. E 6332

NOTE—STRAIGHT

$ 1024 80/2 San Diego, California, Dec 30, 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

~~One Thousand Twenty four and 80/100~~ or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of One thousand Twenty four and 80/100 DOLLARS.

with interest from — Feb 1, 1987 — on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X [signature] S.D. Calif

8301 Boston Lake Ave 92119

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HORACE WAKEFIELD ALLEN	male	Feb 24, 1894	Dec 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
San Diego	San Diego	Carol L. Anderson - daughter 2724 N. Bristol #N-2 Santa Ana, CA 92706

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: DEC 24 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 JAN 2 1987 (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.

E6332

051795	01/14/87	020442	FLORENCE M. LEE			01/28/87	CK	0008162	1,024.80	1,024.80	0.00
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			330.00		
			100	072	77183	000072			355.00		
			60101		78390				19.80		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-19-86

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

in a Bell (Vault/Liner) Funeral, date, time Fri 12/19 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 111 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	
Total Due	856.00
Paid receipt number 34029	856.00
Balance due	0

PAID
DEC 19 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Narvella 12/19

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

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

Telephone OK [illegible]

Signature of recorded holder of deed

Zip Code

Tell Brunda
She must get her name on the lot first
$65 transfer fee

Work Order # E 6333

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6333

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jesse Pringle	Male	Sept. 23, 1910	Dec. 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
Chula Vista	San Diego	Alberta Pringle - Wife 1604 Presioca Street Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 5060 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: DEC 17 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/19 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Margaret 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

№ 34029

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

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

Mortuary

Date: 12/19, 1986

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

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

In full Payment of Interment fees and grave lp for Jesse Pringle - dec

Lot 111 Grave 6 Row 2 Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E 6333

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) # 7285

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

JAN 05 1987

ISSUED BY Lloyd Stelter

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	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

Pre-need Terminal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/19/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jess L. Marsh

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 2/12 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 108 Grave 8 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 34052	50.00
Balance due	806.00

Written 5/3/89 add Bill Sues.

01-02-87

(over)

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

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

Signature of recorded holder of deed

Laura Marsh
Signature

3595 45 St
Address

San Diego
State Zip Code

280-9921
Telephone

Invoice # 053764

Acct. # 021062

Work Order # E 6334

PY-893 (REV. 8-86)

02-02-87 34156 ✓ $806.00
30.00
776.00

W.O. NO. E-6334

NOTE—STRAIGHT

$ 856.00 San Diego, California, Dec 19, 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 Eight hundred Fifty six and no/100 DOLLARS,

with interest from Feb 19, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X Laura Monagh

3525 45 St

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6334

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jess L. Marsh	Male	April 30, 1919	Feb. 9, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Laura Marsh - Wife 3525 - 45th Street San Diego, CA. 92105

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, 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 FEB 12 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 12 1987 (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

№ 34052

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

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

Date: 1-2-87, 19

From: Mrs Jess Marsh Address: 3525 - 45th S.D

Fifty and no/100 Dollars ($ 50.00)

In Deposit Payment of On note - for Jess Marsh

Lot 108 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6334

BALANCE DUE 806.00

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

006297

ISSUED BY Leonard Stetts

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	80101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

852
50
806

OFFICIAL RECEIPT

№ 34156

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

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

Date: 02-02, 1987

From: Laura Marsh Address: 3525-45th St. Ch Ca

Thirty and no/100 Dollars ($ 30.00)

In part Payment of Preneed

Lot 108 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6334

BALANCE DUE $776.00

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	30	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	$	30	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ova A. Curtis in a Bill Liner (Vault/Liner) Funeral, date, time Tues 12/23 2:30 Church, Chapel, Graveside ; Cypress Lawn Mortuary.

All Funeral cars must arrive 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 29 Row 2 Section 3 Division/Block 2

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup $320 PNT 10-86	PNT
Burial Container $50 PNT 10-86	50 00
Handling Fees	145 50
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	236 50
Paid receipt number	
Balance due	

240.12

Paid 7-8-87

Called by 2.5.78 Mike

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

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

Signature of recorded holder of deed

need P.B. at 2:10

Signature*

Address

State Zip Code

Telephone

Work Order # E 6335

Invoice # 051789

Acct. # 000419

PY-893 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

10335

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ova A. Curtis	Female	Aug. 27, 1897	Dec. 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
San Diego	San Diego	Self, By Pre-Arrangement

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

- [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: DEC 23 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 DEC 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: 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.

Mike Will Pay
$210.22

Friend Will Pay
25.78

Tomorrow

GW

1-8-87 says to check again on 1-12-87 will still send.

will send check 1/15/87

12/22 4PM

Estelle Talamonty
585-9858

Will send
$25.78

Invoice
Cypress View

$210.22

MT. HOPE CEMETERY

INTERMENT ORDER

Pended for

City of San Diego

Date 12-23-86

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

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 159 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 34033 ✓	25.00
Balance due	570.00

12-23-86

(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 6336

Acct. # _____

PY-563 (REV. 8-86)

02-09-87	34178 ✓	$570.00
		120.00
		$550.00
03-10-87	34285 ✓	25.00
		525.00
04-14-87	34430 ✓	25.00
		500.00
05-05-87	34529 ✓	25.00
		475.00
06-05-87	34662	25.00
		450.00
07-07-87	34786	25.00
		425.00
8-10-87	34918	25.00
		400.00
9-8-87	35011	25.00
		375.00
		25.00
10-5	35105	350.00
		25.00
11-5-87	35255	325.00
12-7-87	35385	25.00
		300.00
1-6-88	35517	25.00
		275.00

OFFICIAL RECEIPT

№ 34033

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

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

Date: 12-23, 1986

From: Mildred L. Walter Address: 705 'B' St. Merced, Ca. 95340

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Credit Lot - Fenced

Lot 159 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E6336

BALANCE DUE $570.00

JAN 05 1987

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	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
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 34178

Date: 02-09 19 87

From: Mildred E. Walters Address: 705 'Q' St. Merced, Ca. 95340

Twenty and no/100 Dollars ($ 20 00)

In part Payment of Preneed Lot

Lot 159 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6336

BALANCE DUE $550 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.

FEB 12 1987

007503

ISSUED BY B. Tang

CREDIT	57007		
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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ 25.00

NAME Mrs. Mildred E. Bennett-Walters

ADDRESS 705 "Q" Street

CITY Merced, CA 95340 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

№ 34285

Date: 03-10, 1987

From: Mildred E. Walters Address: 705 Q St. Merced, Ca 95340

Twenty five and no/100 Dollars ($ 25.00)

In Full Payment of Merced lot

Lot 159 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E6336

BALANCE DUE ~~$525.00~~

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	25	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 78300		
TOTAL PAID	$	25	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ 25.00

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 34430

Date: 04-14, 19 87

From: Mildred E. Walters Address: 745 Q St. Merced, Ca 95340

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

In part Payment of Preneed lot

Lot 159 Grave ——— Row ——— Section ——— Division/Block 10

Invoice No ———

Acct. No. ———

W.O. E6336

BALANCE DUE $ 500.00

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	87007		
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** '3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 th: $ 24.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34529

Date: 05-05 , 19 87

From: Mildred E. Walters Address: 715 D St, Merced, Ca. 95340

Twenty five and no/100 ——— Dollars ($ 25 00)

In Part Payment of Preneed lot

Lot 159 Grave ——— Row ——— Section ——— Division ——— Block 10

Invoice No. ———

Acct. No. ———

W.O. E6336

BALANCE DUE $475 00

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	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77153		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 10th ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 25.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34662

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

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

Date: 06-05, 1987

From: Mildred E. Walter Address: 705 Qst Merced, Ca 95340

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed lot

Lot 159 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6336

BALANCE DUE $450.00

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	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	80101 78380		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

...ring one coupon with each remittance **COUPON** **5**

NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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. ▶ $ 24.00

)th

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 34786

Date: 7-7 19 87

From: Mildred Walters Address: 705 Q Street, Merced CA

twenty-five Dollars ($ 25.00)

In Payment of Coupon # 6 Credit for Sales

Lot 159 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6336

BALANCE DUE 425.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1014

AC-212 (Rev. 11-85)

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

ISSUED BY Wendy 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 79360		
TOTAL PAID	$	25	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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.)th ▶ $ 24.00

Amount due if paid more than 10 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

№ 34918

Date: 8-10, 1987

From: Mildred Walters Address: San Diego

Twenty-five dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale - Coupon #7

E-6336

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6336

BALANCE DUE ____

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

AC-212 (Rev. 11-86) 905

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 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	25 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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. $ 24.00

10th

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

No 35105

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

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

Date: 10-5, 1987

From: Mildred Walters Address: 705 Q St. Merced CA

Twenty-five Dollars ($ 25.00)

In Payment of Crypt # 9 Undet Lot

Lot 159 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6336

BALANCE DUE 350 00

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

953

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	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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 $ 24.00

Amount due if paid more than 10 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 35255

Date: 11-5, 1987

From: Mildred E. Walton Address: 705 "Q" St. Merced, Ca. 95340

Twenty Five Dollars Dollars ($ 25.00)

In part Payment of Credit Sales Lot, Coupa # 10

Lot 159 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No

W.O. E-6336

BALANCE DUE 325.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 993

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	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 78360		
TOTAL PAID	$	25	00

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred K. Walters
705 'Q' St.
Merced, CA 95340

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 0th ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35011

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

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

Date: 9-8, 1987

From: Mildred Walters Address: 705 "Q" Street, 93340

Twenty five Dollars ($ 25.00)

In _____ Payment of Coupons 8 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 375.00

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

929

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	25 -
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 -

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St,
Merced, CA 95340

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 ▶ $ 24.00

Amount due if paid more than 10 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
264-6151

№ 35517

Date: 1-6, 1988

From: Mildred Walters Address: 705 Q St, Merced Ca.

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 275.00

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

1033

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 11 1988

ISSUED BY Sandra Ward

CREDIT	87007		
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** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6386

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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. th ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 35641

Date: 2-3 19 88

From: Mildred Watters Address: 705 P Street, Merced, CA

Twenty-five Dollars ($ 25.00)

In Payment of Marker 13, Casket Lot

Lot 159 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-6336

BALANCE DUE 250.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1059

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 05 1988

ISSUED BY Linda Dodd

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	80101 78390	
TOTAL PAID	$	25 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 $ 24.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35836

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: Mildred Walters Address: 705 G St, Merced, CA

Twenty-five nos/100 Dollars ($ 25.00)

In _____ Payment of Oregon #14 Cemetery Lot

Lot 159 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 225.00

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

1096

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	57007 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-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 1th due date above. ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 25.00

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

№ 35972

Date: 4-5, 1988

From: Mildred Walters Address: 705 Q Street, SD

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Oregon 15 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 200.00

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

1119

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 8 1988

ISSUED BY Sandra 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** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 $ 24.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 25.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35385

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

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

Date: 12-7 , 1987

From Mildred E Whites Address: 705 "A" St. Merced, Ca 95340

Twenty-five dollars :00/100 Dollars ($ 25.00)

In last Payment of Credit Sales Lot, Coupon #11

Lot 159 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-163316

BALANCE DUE 300.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1015

AC-212 (Rev. 11-86)

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	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 6022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 th 10 $ 24.00

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

№ 36098

Date: 5-4 19 88

From: Mildred E. Walters Address: 705 Q Street, SD 92140

twenty-five 20/100 Dollars ($ 25.00)

In Payment of Cougar 16 Cadet dr

Lot 159 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6336

BALANCE DUE 175.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1148

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 06 1988

ISSUED BY Barbara 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** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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 ▶ $ 24.00

Amount due if paid more than 10 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

№ 36259

Date: 6-6, 19 88

From: Mildred Walters Address: 205 Q Street, Merced, CA

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 150.00

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

AC-212 (Rev. 10-87) 1176

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

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Ward

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

Send or bring one coupon with each remittance. **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred B. Walters
705 'Q' St.
Merced, CA 95340

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. th 10 $ 24.00

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

No 36364

Date: 7-5, 1988

From: Mildred E. Walters Address: 705 Q Street, SD

Twenty-five no/100 Dollars ($ 25.00)

In Payment of Cougar 18 Credit Lot

Lot 159 Grave Row Section Division/Block 10

Invoice No

Acct. No

W.O. E-6336

BALANCE DUE 125.00

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

AC-212 (Rev. 10-87) 1206

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

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Card

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 "Q" St.
Merced, CA 95340

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. th ▶ $ 24.00

Amount due if paid more than 10 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

№ 36511

Date: 8-5, 1988

From: [illegible] Address: 715 G Street

Twenty Five Dollars Dollars ($ 25.00)

In payment Payment of Credit Lot Sale

Lot [illegible] Grave Row Section Division Block [illegible]

Invoice No.

Acct. No.

W.O. E-6336

BALANCE DUE [illegible]

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

1240

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	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

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance. **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 "Q" St.
Merced, CA 95340

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. 'th 10 ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 25.00

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

№ 36620

Date: 9-2, 19 88

From: Mildred Vatters Address: 705 Q Street, Merced
twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6336

BALANCE DUE 75.00

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

AC-212 (Rev. 10-87) 1257

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

CITY AUDITOR
SEP 13 1988

ISSUED BY Sandra Ward

CREDIT	67007	25	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	$	25	00

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred K. Walters
705 "Q" St.
Merced, CA 95340

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. tch ▶ $ 24.00

Amount due if paid more than 10 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

№ 36792

Date: 10-5, 19 88

From: Mildred Walters Address: 705 - Q Street, Merced, CA

twenty - five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 21 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 2-6336

BALANCE DUE 50.00

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

1291

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Ward

CREDIT	67007	25	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	$	25	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-6336

Hildred E. Walters
705 'Q' St.
Merced, CA 95340

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. ▶ $ 24.00

10th

Amount due if paid more than 10 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

№ 36919

Date: 11-4, 1988

From: Mildred E. Walters Address: 705 Q Street, Merced CA

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 22 Credit Lot

Lot 159 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 25.00

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

AC-212 (Rev. 10-87) 1325

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

ISSUED BY Linda Ward

CREDIT	67007	25.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77151	
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

CITY AUDITOR
NOV 15 1988

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred K. Walters
705 "Q" St:
Merced, CA 95340

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 ▶ $ 24.00

Amount due if paid more than 10 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

№ 37068

Date: 12-7, 1988

From: Mildred L. Walters Address: 795 "Q" St. Merced, Ca. 95340

Twenty-five dollars & 00/100 Dollars ($ 25.00)

In part Payment of Credit lot, coupon #23

Lot 159 Grave Row Section Division 10 Block

Invoice No.

Acct. No. E-6336

W.O.

BALANCE DUE 0

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

CREDIT	57007	25 00
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 78380	
TOTAL PAID	$	25 00

CAP AUDITOR DEC 12 1988

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1374

ISSUED BY Dora Black

AC-212 (Rev. 10-87)

Recorded.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6336

Mildred E. Walters
705 'Q' St.
Merced, CA 95340

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. th ▶ $ 24.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 25.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Walters, Mildred E. ACCT. NO. E-6336

ADDRESS 705 Q Street, Merced, Ca 95340 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
De 23	86	Lot 159, Division 10	595 00		320 00	275 00
2-3	88	Coupon # 13, Receipt # 35641			2500	25000
3-8	88	Coupon # 14, Receipt # 35826			2500	22500
4-5	88	Coupon 15, Receipt 35972			2500	20000
5-3	88	Coupon 16, Receipt 36098			2500	17500
6-6	88	Coupon 17, Receipt 36259			2500	15000
7-5	88	Coupon 18 Receipt 36364			2500	12500
8-5	88	Coupon 19 Receipt 36511			2500	10000
9-2	88	Coupon 20 Receipt 36620			2500	7500
10-5	88	Coupon 21, Receipt 36792			2500	5000
11-4	88	Coupon 22, Receipt 36919			2500	2500
12-7	88	COUPON 23, RECEIPT 37068			2500	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-24-86

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

in a Bell (Vault/Liner) Funeral, date, time Tues 12/30 1:00

Church, Chapel, ~~Graveside~~ Delivery only : Greenwood Mortuary.

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

Lot 619 Grave ____ Row ____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund B-4506 (1959) Deeded

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35 50

Sales taxes

PAID
DEC 24 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35 00

Paid receipt number 34035 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.

Signature Frankie Day

Address 6460 CONVOY CT. #113

State SAN DIEGO CA Zip Code 92117

Telephone 563-7107

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6337

Acct. # ____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6337

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frankie Edith Day	Female	Oct. 15, 1899	Dec. 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	Herb B. Day-Son 6460 Convoy Court, #216 San Diego, California 92117

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

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 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 29 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 12/30 (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

№ 34035

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

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

Sp113

Date: 12-24, 1986

From: Dr. Herb Day Address: 6460 Convoy Ct S.D. Ca 92117

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Frankie E. Day services

Lot 619 Grave _____ Row _____ Section 5 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E6337

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 05 1987

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

We select

Here @ 3:00

Date 12-24-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vertie Allan-Noble

in a Bell Vault/Liner Funeral, date, time Tues 12/30 2:00

Church, Chapel, Graveside ____; Ragdale Mortuary.

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

✓ Lot 125 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	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 34047	856.00
Balance due	0

PAID
DEC 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Nanella

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

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6338

Acct. # ____

PY-583 (REV. 6-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6338

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Vertie "B" Allen Vertie "B" Noble	Female	July 28, 1933	Dec. 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	Wiley Noble - Husband 345 Holtt St. Apt. 14 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

- [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, 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 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 12/30 (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

№ 34047

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

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

Date: 12/30, 1986

From: Andrew Rogsdale Chapel Address: 5050 Federal S.D. 92102

Eight hundred fifty six and 00/100 Dollars ($ 856.00)

In full Payment of Interment of Vertie B. Allen - noble - dec

Lot 125 Grave 10 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6338

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) 7326

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

JAN 05 1987

ISSUED BY Loyen Stetts

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	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

E6339
not included
in this
Spindle:
E6301_E6400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN CLAIR BYRNE

in a BELL LINER Funeral, date, time 12/30/86 Tues-

Church, Chapel, Graveside (Vault Liner) ; 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 107 Grave 6 Row ____ Section 2 Division/Block 11

Grave space & Care Fund (PD)	250.00
Additional spaces and care fund	
Opening/Closing & Setup (PD 250)	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	15.90
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	871.90
Paid receipt number 34045	500.00
Balance due	371.90

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

Emmett Byrne
Signature
289 - 35th Street
Address
San Diego Ca. 92102
State Zip Code
696-9160
Telephone#

Invoice # 051790

Work Order # E 6340

Acct. # 020437

PY-593 (REV. 6-86)

6240

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/29/87

DATE: 01/29/87
TIME: 234359
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
051790	01/14/87	020437	EMMA BYRNE					01/28/87	CK	110	371.90	371.90	0.00
			100	072		77181	000072				70.00		PAID IN FULL
			100	072		77182	000072				105.00		
			100	072		77183	000072				190.60		
			60101			78390					6.30		

E 6240

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 371.90

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6340

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Clair Byrne	Male	Aug.8,1913	Found Dec.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	Emma Byrne~~s~~ - Wife 289-35th 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, 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 DEC 29 1986
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/30 (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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

Ck # 1453
Trinity Nat. Bank of Wallace

OFFICIAL RECEIPT

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

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

№ 34045

Ck # 1453

Date: Dec 30, 1986

From: Emma Byrne Address: 289 35th St. San Diego 92102

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

In part Payment of John Clair Byrne

Lot 107 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6340

BALANCE DUE 371.90

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

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

JAN 05 1987

ISSUED BY Dave Lowney

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	250	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	500	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34116

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

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

(76201) Date: 01-20, 19 87

From: Emma D. Byrne Address: 809 Cindy Lane Denton, TX

Three hundred seventy one and 90/100 Dollars ($ 371 90)

In Full Payment of John C. Byrne Services

Lot 107 Grave 6 Row Section 2 Division Block

Invoice No. 051790

Acct. No. 020437

W.O. E6340

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	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77183	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	90101 78390	
TOTAL PAID	$	371 90

JAN 2

E 6341

Not Included In

this Spindle

E 6301 - E 6400

E 6342

Not Included

In this Spindle

E 6301 - E 6400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Purchase Order # C 9596 Date Dec 29, '86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence E Burke

in a T.S. Vault (Vault/Liner) Funeral, date, time 12/31 WED 12:00

Church, Chapel, Graveside Graveside ; Goodbodys Mortuary.

All Funeral cars must 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 3520 Grave ~~3520~~ Row _____ Section _____ Division/~~Block~~ ID

Grave space & Care Fund Preneed - C9596 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 ~~10.40~~

Bill Goodbody for $ ~~710.40~~ 710.50

Total Due .....

Paid receipt number _____

Balance due $ ~~710.40~~ 710.50

I hereby certify I am the GRAND DAUGHTER of the above named dacedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

2818 Peralpha Ave # 303
Address

Hon. HI 96816
State Zip Code

(808) 735-3954
Telephone

Invoice # 051791

Acct. # 020438

Work Order # E 6343

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

10343

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Florence E. Burke	Female	Aug. 16, 1906	Dec. 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	Jeanette Horner 13468 Old Highway 80 Lakeside, CA 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mortuary, 5027 El Cajon Bl., 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 Martin Luther King Way, 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 30 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 12/31/86 (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

E6343

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/23/87

DATE: 01/23/87
TIME: 203947
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
051791	01/14/87	020438	GOODBODY'S MORTUARY					01/21/87	CK	02098	710.50	710.50	0.00
			100	072		77181	000072				320.00		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 710.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 86

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

in a Bell Liner (Vault/Liner) Funeral, date, time 3 P.M. Tues 12/30

Church, Chapel, Graveside ; 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

Lot 39 Grave 1 Row ____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Preneed	-0-
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 34039	606.00
Balance due	-0-

PAID
DEC 26 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Betty A. Yaap
Signature

920 Agua Dibla
Address

Chula Vista Ca 92011
State Zip Code

422-1059
Telephone

Invoice # ____

Acct. # ____

Work Order # E 6344

PY-593 (REV. 8-85)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name

Street Address

City & State

6344

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIX $_____ I. R. STAMPS IN THIS SPACE

TO 402-1 C

Quitclaim Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Mary E. Dooley does

hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to

Cora Yaap

the following described real property in the City & county of San Diego
state of California:

Lot 39, Graves 1 Sec 14, Div 7
Mount Hope Cemetary

Recorded
MOUNT HOPE CEMETERY
2/5/1967

Dated February 5, 1967

Mrs. Mary E. Dooley

STATE OF CALIFORNIA
COUNTY OF San Diego } SS.

On February 5, 1967 before me, the undersigned, a Notary Public in and for said State, personally appeared Mary E. Dooley

_____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Harold S. Jensen

Harold S. Jensen, 3069 Market St. San Diego, Calif. 92102
Name (Typed or Printed)

If executed by a Corporation the Corporation Form of Acknowledgment must be used.

(This area for official notarial seal)

My commission expires Dec,13,1970

Title Order No. _____ Escrow or Loan No. _____



HUMPHREY MORTUARY
855 Broadway, Chula Vista, Calif. 425-9111
2410 E. 8th St., National City, Calif.
267-9440
No. 74

In Memory

E 6343

IN MEMORY
of
CORA MAE YAAP
October 16, 1891
December 24, 1986



GRAVESIDE SERVICE
Mt. Hope Cemetery
December 30, 1986
3:00 p.m.

OFFICIATING
Reverend James Gearhart

INTERMENT
Mt. Hope Cemetery
San Diego, California

Under the direction of
Humphrey Mortuary

Life is eternal
and love is immortal
and death is only a horizon
and a horizon is nothing save
the limit of our sight

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6344

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CORA MAE YAAP	Female	10-16-1891	12-24-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Larry J. Yaap (Grandson) 9820 Alto Drive La Mesa, CA 92041

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 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 29 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D. Co.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1/30 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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		

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

Nº 34039

OFFICIAL RECEIPT

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

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

Date: 12-26-, 1986

From: BETTY A. YAAP Address: 920 AGUA TIBIA

SIX HUNDRED SIX DOLLARS AND 00/100 Dollars ($ 606.00)

In FULL Payment of INTERMENT OF CORA YAAP

Lot 39 Grave 1 Row Section 14 Division 7 Block

Invoice No. —

Acct. No. —

W.O. E 6344

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) #474

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

006079

DEC 31 1986

ISSUED BY Wendy Jo Teague

CREDIT 20% Sales Care	97007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	6	—
TOTAL PAID	$	606	—

BETTY A. YAAP
920 AGUA TIBIA
#474

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-86

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

in a BELL LINER (Vault/Liner) Funeral, date, time 12/29 MON. 2:00P.M.

Church, Chapel, Graveside ; 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 .

Lot 4810 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ..... Prepaid	-0-
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container .... Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 34038	606.00
Balance due	-0-

PAID
DEC 26 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

Lawanda Bradley
Signature
1925 Otay Lakes Rd. Sp 1
Address
Chula Vista Ca 92010
State Zip Code
421-4779
Telephone

Work Order # E 6345

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6345

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LLOYD M. ROBERTS	Male	02-21-1912	12-25-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Lawanda Bradley (Daughter) 1925 Otay Lakes Road Space#1 Chula Vista, CA 92010

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: DEC 29 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 DEC 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

LAWANDA BRADLEY
1925 OTAY LAKES RD
SPACE 1
CK # 2986

OFFICIAL RECEIPT

№ 34038

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

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

Date: 12-26-, 1986

From: LAWANDA BRADLEY Address: 1925 OTAY LAKES RD. SPACE 1

Six hundred six dollars and xx/100 Dollars ($ 606.00)

In Full Payment of interment of L.M. ROBERTS

Lot 4810 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E6345

BALANCE DUE

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

AC-212 (Rev. 11-86) #2986

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

DEC 31 1986

ISSUED BY Wendy Jo Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	6	—
TOTAL PAID	$	606	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

notify family for viewing

Bottom of Strand

Date 12-26-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leland S. Hall (X)

in a (X) ash vault (Vault/Liner) Funeral, date, time Wed 12/31 11:00

Church, Chapel, (Graveside) ; Berge Roberts Mortuary.

All Funeral cars must 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 84 Grave ____ Row ____ Section 100F Division/Block 25

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	125.00
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 34048	242.40
Balance due	0

PAID
DEC 31 '86
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

To be paid day of service

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

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

Signature of recorded holder of deed

Barbara J. Peckman
Signature

11069 El Nopal
Address

Lakeside 92040
State Zip Code

449-9871
Telephone

Invoice # ____

Work Order # E 6346

Acct. # ____

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#55076 60346

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Berge-Roberts Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LELAND STANFORD HALL	Male	July 22, 1892	DEC. 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
Lakeside	San Diego	Mrs. Barbara Peckman-Daughter 11069 El Nopal Lakeside, CA 92040

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

- ☐ 1 BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
- ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Cypress View Crematory 40th & Imperial Ave., San Diego, CA	DATE CREMATED 12/29/86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ D McCabe
BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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 24 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 12/31 (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 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

OFFICIAL RECEIPT

№ 34048

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

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

Date: 12/31, 1986

From: Barbara Peckman Address: 11069 El Nopal - Lakeside C-92040

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

In full Payment of Inurnment of Leland Hall - dee

Lot 84 Grave ~ Row ~ Section 100F Division Block 25

Invoice No. ~

Acct. No. ~

W.O. E-6346

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.

JAN 05 1987

ISSUED BY Leonard Leith

CREDIT	67007		
20% Sales Care	77184		
60% 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	83033 9022	2	40
Sales Tax	80101 78380	~	
TOTAL PAID	$	242	40

4604-142.40 AC-212 (Rev. 11-86) 1374-100.00

E 6347

not Included

In this Spindle

E 6301

-

E 6400

E 6348

not Included

In this Spindle

E 6301

-E 6400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 29, 1986

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

in a Liner (Vault/Liner) Funeral, date, time 1 P.M. Fri Jan 2 '87

Church, Chapel, Graveside G.S. ; Merkley-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 _____ . ~~We Pick Spot~~

Lot 68 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 ~~34054~~ 34057	856.00
Balance due	0

PAID
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. Betty Lou Cooks

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

_____
Signature of recorded holder of deed

Signature _____

Address 950 - 63 St

State S Zip Code 92114

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 6349

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6349

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LONNIE COOKS	MALE	NOV 20, 1915	DEC 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	BETTY LOU COOKS, DAUGHTER 950 63RD STREET SAN DIEGO, CA 92114

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 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 29 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald S. Romak, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON Jan 2-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyew Stiles	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

6349 № 34057

OFFICIAL RECEIPT

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

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

Date: Jan 2-87, 19

From: Berkley-Mitchell Mortry Address: 3655 - 5th S.D. 92103

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

In full Payment of Interment fees for Lonnie Cooks - due -

Lot 68 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6349

BALANCE DUE

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

5004

AC-212 (Rev. 11-86)

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

JAN 08 1987

ISSUED BY George W Stetts

CREDIT 20% Sales Cars	87007 77184	50	00
50% Sales of Lots	100 77184	200	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	60101 76390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amelia L. Tamayo

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon. 1-5-87 11:00

Church, Chapel, Graveside 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 _____ .

Lot 4923 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Preneed	0
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		10.40
Total Due		710.40
Paid receipt number	34042	710.40
Balance due		0

PAID
DEC 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Paul O. Tamayo
Signature

411 NICKMAN ST
Address

CHULA VISTA 92011
State Zip Code

427-7545
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6350

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

10350

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AMELIA LOZOYA TAMAYO	Female	02-26-1913	12-29-1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Paul E. Tamayo (Husband) 1514 Tarbox Street San Diego, CA 92114

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: DEC 31 1986	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5 (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.

Check #1893 drawn on People's Bank of Chula Vista

OFFICIAL RECEIPT

Nº 34042

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

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

Date: Dec 29, 1986

From: Paul Tamayo Address: 411 Nickman;

Seven hundred ten dollars and NO/100 Dollars ($ 710.00)

In full Payment of Amelia L. Tamyo

Lot 4923 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6350

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 1893

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

DEC 31 1986

ISSUED BY Dave Lowrey

CREDIT			
20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77183	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380	10	40
TOTAL PAID	$	710	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN A. JONES

in a LINER (Vault/Liner) Funeral, date, time Preneed

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

✓ Lot 91 Grave 5 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Preneed	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ... Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	6.00
Total Due	1066.00
Paid receipt number 34043	1066.00
Balance due	-0-

PAID
DEC 29 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

E 6493
3/3/87

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

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

_____
Signature of recorded holder of deed

Ruth A. Blakley
Signature
232 Cook Street
Address
San Francisco, CA. 94118
State Zip Code
415-752-5483
Telephone

Invoice # _____

Work Order # E 6351

Acct. # _____

PY-503 (REV. 5-86)

Preneed Trust

OFFICIAL RECEIPT

№ 34043

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

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

Date: 12-29-, 1986

From: RUTH A. BLAKLEY Address: 132 COOK ST, SAN FRANCISCO 94118

Dollars ($ 1066.00)

In Full Payment of Proceeds for JOHN A. JONES - Grave Space & care Open & Closing, Burl Liner

Lot 91 Grave 5 Row Section 17 Division Block 7

Invoice No. —

Acct. No. —

W.O. E6351

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 Wendy Jo League

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	89033 9022	1066	00
Sales Tax	80101 78390		
TOTAL PAID		$ 1066	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(Center Head)

Date 12/30/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sam Cornelius Crawford

in a Wm Vault Concrete (Vault/Liner) Funeral, date, time Wed 9/7/87 AM

Church, Chapel, Graveside Drop Off Lackeside Center Wilson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW1+2 - army.

Lot 19 Grave 19 Row ____ Section MAS Division/Block M

Grave space & Care Fund ... Use 19 - Pinheed A4689	—
Additional spaces and care fund	none
Opening/Closing & Setup ... Purchased Lot Pinheed $65.00	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 34044	242.40
Balance due	0

PAID
DEC 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

my Mother Lot

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

Signature of recorded holder of deed

x John C Bryan

x John C Bryan
Signature

4028 EAGLE ST
Address

SAN DIEGO 92103
State Zip Code

CAL 295-6249
Telephone

Invoice # ____

Acct. # ____

Work Order # E 6352

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6352

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sam Cornelius Crawford	Male	7/20/1897	12/27/1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Frances A. Crawford - sister 44250 Old Hwy. 80 Jacumba, Ca 92034

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
9840 Maine Ave. Lakeside-Santee Funeral Chapel, Lakeside, CA	F-997

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	Mount Hope Cemetery, 3751 Market St., San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS WILL BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	Greenwood Crematory, San Diego, CA	1-1-87	▶ Robert Garcia
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 30 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 1-6-87 (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

№ 34044

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

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

Date: 12/30/86

From: Frances M. Crawford Address: PO Box 16, Tacumba Ca 92034

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

In full Payment of Interment of Sam Cornelius Crawford - dec

Lot 19 Grave 19 Row Section MAS Division Block M

Invoice No. —

Acct. No. —

W.O. E-6352

BALANCE DUE —0

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

AC-212 (Rev. 11-86) 0827

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

JAN 05 1987

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 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	03033 9022	—	—
Sales Tax	60101 78380	2	40
TOTAL PAID	$	242	40

OFFICIAL RECEIPT

№ 34737

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

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

Date: 6-25, 1987

From: Frances Crawford Address: P.O. Box 16, Jacumba, CA

Dollars ($)

In Payment of Installation of V.A. Marker for Sam C. Crawford

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6352

BALANCE DUE 0

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

0890

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	125	—
Pre-Need Trust	63083 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-30-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Mason Bradshaw

in a Liner (Vault/Liner) Funeral, date, time 10:30-11:00 Wed 12-3

Church, Chapel, Graveside Witmer ; Conrads Mortuary.

All Funeral cars must 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 578 Grave — Row — Section 10 Division/Block 7

Grave space & Care Fund ..... Space & Care	595 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320 00
Burial Container ..... Bell Liner - Centuta	100 00
Handling Fees ..... Asst. Liner	141 00
Flower vases - Marker	
Recording and filing fee	3 00
Sales taxes	6 00
Total Due	1201 00
Number 3404	1201.00
Balance due	0

PAID
DEC 30 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Gary Con... be there ... Family here @ 11

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

Elizabeth M. Lewis
Signature

2909 E. Elm, Fresno
Address

Ca. 93726
State Zip Code

(209) 226-4106
Telephone

Work Order # E 6353

PY-583 (REV. 9-85)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6353

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOROTHY MASON BRADSHAW	Female	Nov. 30,1902	Dec. 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	Elizabeth M. Lewis-Sister 2909 E. Elm Tucson, AZ 85716

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 DEC 30 1986
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/31 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Letton	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

№ 34046

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

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

Date: 12-30-86, 19

From: Elizabeth M. Lewis Address 3909 E. Elm - Tucson, Az 85716

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

In full Payment of Interment fees for Dorothy Bratcher - dec'd

Lot 578 Grave ~ Row ~ Section 10 Division 7 Block

Invoice No. ~

Acct. No. ~

W.O.

BALANCE DUE E-6363

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

AC-212 (Rev. 11-86)

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

JAN 05 1987

ISSUED

CREDIT			
20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	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	83033 9022	~	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1201	00

5 — 9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 31, 1986

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

in a Vault (Vault/Liner) Funeral, date, time 1 P.M. Mon Jan 5 1987

Church, Chapel, Graveside Graveside ; Pierce Bros. Mortuary. 714-642-9150

All Funeral cars must 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 4 Row _____ Section 100F ~~Division~~/Block 25

Grave space & Care Fund E 6184 Preneed.

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container Sealed Top Vault - Comets 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 34060 710.50

Balance due 0

PAID
JAN 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Daughter
Faye Deliberto
1-714-631-1980

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.

Pastor John Sounson O.K.

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

_____
Signature of recorded holder of deed

Faye Deliberto
Signature

2451 Monaco Terr.
Address

Costa Mesa 92627
State Zip Code

(714) 631-1980
Telephone

P.B. - 12:30

Invoice # _____

Work Order # E 6354

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6354

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Cletis Leah Cohee	Female	Sep. 21, 1920	Dec. 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
Costa Mesa	Orange	Faye Diliberto (Daughter)

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Pierce Bros. Bell Broadway, 110 Broadway, Costa Mesa, CA	F 508	2451 Monaco Terrace Costa Mesa, CA 92627

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 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 ▶ N/A DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 2 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5-87 (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 Birth and Death Registrations, P.O. Box 355, Santa Ana, CA 92702		

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

№ 34060

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

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

Date: 1-5-87, 19

From: Faye Delebesto Address: 2451 Moncan Ten Costa Mesa - 92627

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for Cletis L. Cohoe Jr dec

Lot 11 Grave 4 Row Section IOOF Division Block 25

Invoice No. —

Acct. No. —

W.O. E-6354

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.

JAN 08 1987

ISSUED BY Georgen Stetts

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77183	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022	—	—
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-1-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yuan-Chan Tang 2PM

in a Vern Vault (Vault/Liner) Funeral, date, time Jan 3rd - 10:30

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 154 Grave 6 Row 2 Section ~~X~~ 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Ch. area of 11	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
~~Flower vases - Marker setting fee~~ (Seamen Poe) Sat. O.T.	105.00
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	347.40
Paid receipt number 34058	347.40
Balance due	0

PAID
JAN 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Signature [signature]

Address 736 Fern Glen Av

State La Jolla, CA 92037 Zip Code

Telephone 578-5885 (W) 454-2578 (H).

Invoice #

Acct. #

Work Order # E 6355

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

1908 6355

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Yuan-Chan Tang	male	Dec. 2,1986	Dec. 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	Kuo-Chen Tang, Wife 310 Martin Luther King Jr. Dr. San Diego, Ca 92101

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 St. San Diego, Ca	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory I-805 & Imperial Ave.	DATE CREMATED 1-2-1987
	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Robert Garua	
BURIAL AT SEA OR DISPOSITION OTHER 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: 1-4-87	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramsey, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-3-87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stott	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

№ 34058

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

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

Date: 1-5-87, 19

From: Kenneth Tang Address: La Jolla, Ca 92037

Three Hundred forty Seven and 40/100 Dollars ($ 347.40)

In full Payment of Interment of Susan-Chew-Tang-Lee

Lot 154 Grave 6-Top Row ~ Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6255

BALANCE DUE 0

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

AC-212 (Rev. 11-86) #119

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

JAN 08 1987

ISSUED BY

CREDIT	87007		
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	140	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 76390	2	40
TOTAL PAID	$	347	40

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Via Mail

Date 12/3/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara M Anderson in a UW 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 1196 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund	Pre need
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 34051	242.40
Balance due	0

E-6864
8-19-87

Pre need Trust acct # 9022

Via Mail from Daughter

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 E Leutner

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

_____
Signature of recorded holder of deed

Signature _____

Address 4927 Kings Cove Rd

Racine Wisc 53406

State Zip Code

1-414-639-1219

Telephone

Invoice # _____

Work Order # E 6356

Acct. # _____

PY-583 (REV. 8-85)

LOT OWNER

E-6356

ANDERSON, Clara M., 4927 Kings Cove Rd. Racine, WA 53406

NAME ADDRESS

LOT 1196 GR. ____ ROW ____ SEC 3 BLK ____ DIV 8

PNT - Pre-Need Trust Deposit $242.40 =

Opening/Closing -Cremains $105., Ash Vault $40.

Handling Fee $60., Recording Fee $35., Tax on

Ash Vault$2.40 - paid by Daughter

Virginia E. Leutner

FR-961 (REV. 1-83) **TAYLOR SYSTEM OF CEMETERY RECORDING**

R. D. Leutner
4927 King's Cove Road
Racine, WI 53406

RACINE, WI
DEC 17
PM
1986
53

ALWAYS USE ZIP CODE
USA 22

E6356

Mr. George Stelter, Cemetery Manager
San Diego Mount Hope Cemetery
3751 Market Street
San Diego, California 92102

F63561

December 16, 1986

Mr. George Stelter, Cemetery Manager
San Diego Mount Hope Cemetery
3751 Market Street
San Diego, California 92102

Dear Mr. Stelter:

Attached is our check in the amount of $242.40. This covers the costs for interment of cremains of Mrs. Clara M. Anderson, Lot 1196, Sec. 3, Div. 8.

This payment is being MADE IN ADVANCE, as discussed at your office on December 5. It is our understanding this money will be placed in trust, and that this payment will satisfy full costs for handling future interment of the cremains of Clara M. Anderson.

Yours truly,

Virginia E. Leutner

Virginia E. Leutner (Mrs. Robert D.)
Daughter of Clara M. Andersen
4927 King's Cove Road
Racine, Wisconsin 53406
1-414-639-1219

Rev # 34051
12/31/86

OFFICIAL RECEIPT

№ 34051

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

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

Date: Dec 31 - 1986, 19

From: Virginia E Lentner Address: 4927 Kings Cove Rd - Racine Wisc 53406

Two Hundred forty two and 40/100 Dollars ($ 242 40/100)

In Trust Deposit Payment of Incurrment fees for Clara M. Anderson - Trust Deposit

Lot 1196 Grave ~ Row ~ Section 3 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E6356

BALANCE DUE 0

Trust Deposit

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

AC-212 (Rev. 11-86) 613

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

JAN 05 1987 006200

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	242	40
Sales Tax	60101 75390		
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Ella Vellner

in a Double Cuspt Vault/Crypt Funeral, date, time Mon - 11 Am - 1-5

Church, Chapel, Graveside Graveside ; Lewis Colonial Mortuary.

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

Lot 142b Grave — Row — Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... for Double Cuspt	595 00
Additional spaces and care fund	
Opening/Closing & Setup	330 00
Burial Container	220 00
Handling Fees	330 00
~~Flower space—Marker setting fee~~	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	$1619.80
Paid receipt number 34053	1619.80
Balance due	0

PAID
JAN 2 1987
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 Marguerite Vellner
Signature
2635 2nd Rm 201
Address
San Diego Ca 92103
State Zip Code
531-1970
Telephone

Invoice # _____

Work Order # E 6357

Acct. # _____

PY-5803 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6357

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLORENCE M. VELLNER	female	June 14, 1900	Dec 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	Marguerite Vellner - sister 2635 - 2nd Ave. #201 San Diego, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3031 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: DEC 31 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 JAN 5 1987 (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

6357 Nº 34053

OFFICIAL RECEIPT

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

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

Date: Jan 2 , 19 87

From: Margaret H Vellner Address: S.D. 92103

Sixteen Hundred nineteen and 80/100 Dollars ($ 1619 80)

In full Payment of Interment of Florence M. Vellner dec

Lot 1426 Grave ~ Row ~ Section ~ Division 10 Block

Invoice No.

Acct. No.

W.O. E-6357

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 1364

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

JAN 08 1987

ISSUED BY [signature]

CREDIT	67007	119	00
20% Sales Care	77184	476	00
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77183	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	19	80
TOTAL PAID	$	1619	80

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Trust Dept Date 1-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha V. Langbridge

in a Concrete Vault Funeral, date, time Pre need

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 109 Grave 2-3 Row 2 Section -1- Division/Block 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Concrete 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 34054	242.40
Balance due	0

Trust Deposit 01-02-87

CR 385

Re #

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

Bertha V. Langbridge
Signature
St Pauls Manor
Address
2635 Second Ave #201
State Zip Code
San Diego, Ca. 92103
Telephone
531-1970

Work Order # E 6358

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

Trust Fund Deposit

OFFICIAL RECEIPT Trust Deposit

№ 34054

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

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

Date: Jan 2 - 1987 19

From: Bertha V Langbridge Address: San Diego Ca 92103

Two Hundred Forty two & 40/100 Dollars ($ 242.40)

In Trust Deposit Payment of Trust deposit for Interment of herself

Lot 109 Grave 2-3- Row — Section -1- Division Block -1-

Invoice No. —

Acct. No. —

W.O. E-6358

BALANCE DUE Deposit to Trust

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

AC-212 (Rev. 11-86) 385

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

JAN 08 1987

ISSUED BY Georgia Stitt

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	242	40
Sales Tax	60101 76390		
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Eugene Cook 1-5-87 Mon.

in a ash Vault (Vault/Liner) Funeral, date, time Drop off

Church, Chapel, Graveside 1-5 ; Vault Mortuary.

All Funeral cars must 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 291 Grave — Row — Section — Division/Block 10

Grave space & Care Fund D-4664	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fee	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 34055	242.40
Balance due	-0-

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

Head of grave

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 am Her Daughter
I hereby authorize the interment in lot I hold under deed.
Michelle Hunter
Signature of recorded holder of deed

Michelle Hunter
Signature
6440 N. Jim Miller #103
Address
Dallas, TX 75228
State Zip Code
214-328-7851
Telephone

Invoice # _____

Work Order # E 6359

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

C-38961 10359

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LARRY EUGENE COOK	Male	Dec. 2, 1949	Dec. 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 Francisco	San Francisco	Michelle Hunter /sister 6440 N.JIM MILLER RD. #1103 DALLAS, TEXAS 75228

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
The Coleman Funeral Home	#806

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: Olivet Memorial Park	DATE CREMATED: 12-29-86	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: R. Joseph
BURIAL AT SEA OR DISPOSITION OTHER 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		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: Michelle Hunter DATE SIGNED: December 28,1986
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: 12-29-86	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: David Hunter MD MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 1-5-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W Stelter Jr Cm	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 101 Grove St. San Francisco, Ca. 94102		

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.

Rev-1-2-87

OFFICIAL RECEIPT

№ 34055

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

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

Date: Jan 2, 1987 19

From: Michelle Hunt Address: Dallas Texas

Two Hundred Forty two and 40/100 Dollars ($ 242 40)

In full Payment of Inurnment of Larry Eugene Cook Cremains

Lot 291 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. ~

Acct. No. ~

W.O. E-6359

BALANCE DUE ~

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

Bol A Mo. 0001245393

AC-212 (Rev. 11-86)

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

JAN 08 1987

ISSUED BY Gregory Stella

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	80101 78390	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Willie Henry

in a Liner (Vault/Liner) Funeral, date, time Wed Jan 7, '87 11 AM

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 136 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Space & Care (6)	395.00
Additional spaces and care fund Space for Med - next #5	395.00
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	1396.00
Paid receipt number	
Balance due	

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

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

Signature of recorded holder of deed

K. C. Henry
Signature

3746 39th Street
Address

San Diego CA 92105
State Zip Code

282-0109
Telephone

Invoice # 051792

Acct. # 020440

Work Order # E 6360

PY-593 (REV. 8-86)

#11370 - Gr. 5

W.O. NO. E 6360

NOTE—STRAIGHT

$ 1396.00 San Diego, California, Jan 2, 1987 19 87

-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 Thirteen hundred ninety six dollars and no/100 DOLLARS,

with interest from Feb 4, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x K.C. Henry

3746 39th Street S.D. CA 92105

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6340

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOE WILLIE HENRY	Female	Jan. 26, 1929	Dec. 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	"K" "C" Henry - Husband 3746 N. 39th St. San Diego, CA 92105

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: JAN 6 1987	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 JAN 7 1987 (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

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

Nº 34215

2/18/87

Date: Feb 17, 1987

From: K. C. Henry Address: 3746 - 39th St. S.D. 92105

One thousand three hundred ninety six dollars and no/100 Dollars ($ 1396.00)

In full Payment of Invoice - Joe Willie Henry (Dec)

Lot 136 Grave 5 & 6 Row Section 1 Division Block 12

Invoice No. 051792

Acct. No.

W.O. E 6360

BALANCE DUE -0-

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

AC-212 (Rev. 11-86)

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

CITY AUDITOR

FEB 18 1987

ISSUED BY Dave Lowrey

CREDIT		
90% 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	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	1,396 00

E6360

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/18/87

DATE: 02/18/87
TIME: 220247
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 / SN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
051792	01/14/87	020440	K.C. HENRY					02/17/87	LK	0461	1,396.00	1,396.00	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				632.00		
			60101			78390					6.00		
			67007			77184					158.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,396.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 2, 1987

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

in a TS Vault (Vault/Liner) Funeral, date, time Tues 1/6/87 2:00

Church, Chapel, Graveside _____; Peris/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 _____

Lot 4064 Grave ~~4065~~ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund #4064, 4065	$1190
Additional spaces and care fund 2 @ 595	
Opening/Closing & Setup	320
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	18.70
30 day note	~~1908.70~~
Total Due	1900.50
Paid receipt number 34089	1900.50
Balance due	-0-

PAID
JAN 12 1987
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

Signature Nadine Sweeten

Address 1548 Fairvalley Rd

El Cajon, Ca. 92021

State Zip Code

Telephone 440-5450

Work Order # E 6361

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

#11369

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6364

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Phillip Ray Sweeten	Male	Sept. 30, 1936	FOUND Jan 1, 1987

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	Nadine Sweeten - Wife 1548 Fair Valley Rd. El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick, 374 No. Magnolia Ave. El Cajon, CA.	795

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, 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 JAN 6 1987
			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 1-6-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. 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

№ 34089

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

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

Date: 01-12, 1987

From: Nadine Sweeten Address: 1548 Fair Valley R. El Cajon 9202

Nineteen hundred and 50/100 Dollars ($ 1900.50)

In full Payment of Phillip R. Sweeten Services

Lot 4064 + 4065 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6361

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 B. Lang

CREDIT 20% Sales Care	67007 77184	238	00
80% Sales of Lots	100 77184	952	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	$	1900	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/87

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

in a Liner (Vault/Liner) Funeral, date, time Wed-1-7- at 2PM

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 40 Grave 8 Row — Section 3 Division/Block 12

Grave space & Care Fund	Pr need E 722	PN
Additional spaces and care fund	One Sp 9	
Opening/Closing & Setup	R 27636	
Burial Container	Paid Pr need	
Handling Fees	1979	
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		
Paid receipt number		
Balance due		

Called by Mr. Ragsdale
Claimed than Receipt
Paid in full Sen

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6362

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

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

6362 **Nº 27636**

DATE 10/2 19 79

FROM Chicote Oliver ADDRESS 2836 Boston Ave. 92113

Nine Hundred Thirty Two Dollars and NO/100 DOLLARS ($ 932.00)

IN full PAYMENT OF Pre Need Lots and Service Charges

LOT 40 GRAVE 8 & 9 ROW SECTION 3 DIVISION 12

INVOICE NO. Cash

W.O. E-722

UNPAID BALANCE AFTER THIS PAYMENT Ø.

AC-212 (REV. 7-79)

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

PAID
OCT 3 1979
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY

CREDIT SALES CARE	67007 77184	84 00
HALF SALES OF LOTS	100 77184	336 00
OPENINGS	100 77181	300 00
BOXES	100 77182	212 00
REMOVALS FOUNDATIONS	100 77183	
TOTAL PAID $		932

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

10/2/1979

Nº 10052

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Chicote & Velma Oliver for the sum of $ 420.00 (DOLLARS)

LEGAL DESCRIPTION Lot 40, Grave 8 and 9, Section 3, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-722

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 Memorial per regulations

Cemetery Manager

Property Director

PY-864

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6362

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHI BRICOTA OLIVER	MALE	June 5, 1908	Jan. 2, 1987

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	Velma Oliver - Wife 2836 Boston Avenue San Diego, California 92113

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 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: JAN 6 1987	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 JAN 7 1987 (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 Jan 5, 1987

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon- 1/5-

Church, Chapel, Graveside _____ ; Lewis Colonial Jerry Snedown Mortuary.

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

Lot 4 Grave 14 Row _____ Section IOOF ~~Division~~/Block 14

Grave space & Care Fund	595.00
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	1305.50

Paid 10-28-87

Bill estate claim: Maren Edwards c/o Miller, Boys ~~[illegible]~~ ~~HO Jupiter St~~ S.D. - 92101 — 235.4040 (see over)

Paid receipt number _____

Interest after 60 days.

Balance due _____

I hereby certify I am the Grandson - Via Phone 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.

OK Gwd

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 051797

Acct. # 020441

Work Order # E 6363

PY-593 (REV. 8-86)

Creditors Claim

Miller-Bayko + Bee

550 W. "B"
Ste 400
SD 92101 3599

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6363

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VERA MAY FADDEN	female	Aug 11, 1893	Jan 2, 1987

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	Eric Chase - grandson 60 Pompton Ave. (Rt 23) Verona, NJ 07044

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

- 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 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 JAN 5 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5-87 (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 n/a		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, 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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
Miller-Boyko & Bell 550 W. "B" Street Suite 400 San Diego, CA 921013599	6363	Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
ATTORNEY FOR (Name): Estate of Vera Fadden		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Vera Fadden 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: $ 1305.50 + 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: 01/14/87

George W. Stelter, Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

▶ George W. Stelter
(SIGNATURE OF CLAIMANT)

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

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:

9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

.....
(TYPE OR PRINT NAME)

▶
(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

▶
SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-05-87

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

in a Bell Vault/Liner Funeral, date, time Thurs. 1/8/87 1:30

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 48 Grave 1 Row ____ Section 3 Division/~~Block~~ 6

Grave space & Care Fund B-8820 (1962) Perpetual

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 6 00

PAID
JAN 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 606 00

Paid receipt number 34079 606 00

Balance due 0

Visa Phone OK

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

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

_____
Signature of recorded holder of deed

Signature Ken Lot

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 6364

Acct. # _____

PY-883 (REV. 8-85)

Bill Pacific Beach Mort.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

65564

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRIETTA S. BERTHELSEN	FEMALE	OCT. 9, 1901	JAN. 1, 1987 FOUND

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	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-3751MARKET 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: JAN 6 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-8-87 (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

№ 34079

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

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

Date: Jan 8, 1987

From: Mission Bay & Pacific Beach Address: 4710 Cass St - SD 92109

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fees for Henrietta S. Berthelsen & Open & Cl & Liner & Ref. fee -

Lot 48 Grave 1 Row — Section 3 Division Block 6

Invoice No. —

Acct. No. —

W.O. E6364

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) 57206

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

JAN 12 1987

ISSUED BY Georgen Stotter

CREDIT	67007	—	
20% Sales Care	77184		
80% Sales at 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	90101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

3 x 10 grave

Rec 1-16-87

placed at side Head of gr.

Date 01-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Freeman Fiscus Sr

in a Ash Vault/Liner Funeral, date, time Thurs. 2/26 A4P

Church, Chapel, Graveside Upon del. McDermott Crk Mortuary.

All Funeral cars must arrive 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 4 Row ____ Section MAS Division/Block Q

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 34237	242.40
Balance due	-0-

PAID
FEB 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mr. Crockett (805) 569-2424

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

Wife
Aida Fiscus
Signature
3755 Lincolnwood
Address
Santa Barbara Ca
City State Zip Code
(805) 687-7484
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6365 ✓

Acct. # ____

PY-593 (REV. 8-85)

Mortuary - McDermott - Crockett
1903 State St, Santa Barbara, Ca 93110

E6365

Feb 19, 1987

Mount Hope Cemetery.

Dear Sirs -

As per our telephone Conversation 2/19th I've enclosed check for $242.40. Which will take care of internment costs - for John Fiscus to be placed in grave site with his parents - Edith and Newell Fiscus - Lot 17 - Grave 4 - Div. Q - Thank you for your attention - McDermott - Crockett - apparently did not receive your letter, as it was

(over)

not in my husbands file -

I again thank you for your kind attention —

Mrs: Aida Fiscus
3755 Lincolnwood Drive
Santa Barbara, Ca - 93110
1-805-687-7484

PERMIT FOR DISPOSITION OF HUMAN REMAINS

4025

6365

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN FREEMAN FISCUS	Male	2-22-14	1-5-87

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santa Barbara	Santa Barbara	Self Before Demise

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McDermott Crockett Mortuary	F383

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Coastal Crematory, Pasadena, Ca	DATE CREMATED: JAN 8 1987	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: 1/7/87 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Laura Hall MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/26/87 (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: 315 Camino Del Remedio, Santa Barbara, Ca. 93110		

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

№ 34237

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

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

Date: 02-25 19 87

From: Ada Fiscus Address: 3755 Lincoln Ave Santa Barbara, Ca. 93110

Two Hundred Forty Two Dollars ($ 242.40)

In full Payment of John Freeman Fiscus Services

Lot 17 Grave 4 Row Section MHS Division Block Q

Invoice No.

Acct. No.

W.O. E6365

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. Tang

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 76300	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 6, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eulon G Bratton

in a Conrite Bell Liner (Vault/Liner) Funeral, date, time Thur 1-8- 10Am

Church, Chapel, Graveside Graveside ; Arizona Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW 2- army

Lot 12 Grave 12 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund Space & Care	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Conrite Bell	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee 35.00 Rec & Fil - 3.00 Permit	38.00
Sales taxes 6% -	16.00
V. A Bronze Total Due	1204.00
Paid receipt number 34076	135.00
Setting fee Pd.	1339.00
Balance due	0

PAID
JAN 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

x Paul D. Long
Signature

2585 Calle Serena
Address

Calif 92139
State Zip Code

619 470-1601
Telephone

Invoice #

Acct. #

Work Order # E 6366

PY-593 (REV. 8-86)

CEMETERY OR CREMATORY COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – VITAL RECORDS SECTION

REGISTRAR'S FILE NO. 03666 1

BURIAL – TRANSIT PERMIT

IDENTIFICATION OF DECEASED

1. NAME OF DECEASED A. FIRST	B. MIDDLE	C. LAST	2. SEX	3. AGE	4. RACE OR COLOR
ELSIE	ELOISE	BRATTON	MALE	73	WHITE

5. DATE OF DEATH	6. PLACE OF DEATH A. TOWN OR CITY	B. COUNTY	C. STATE
1-6-1987	AJO	PIMA	ARIZONA

7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES) Arteriosclerotic Cardiovascular Disease

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ CREMATION ☒ REMOVAL ☐ OTHER (SPECIFY)

9. FUNERAL HOME A. NAME	B. ST. ADDRESS	C. CITY AND STATE
[illegible] FUNERAL HOME	11 PAJARO	AJO, ARIZONA

10. FUNERAL DIRECTOR'S SIGNATURE Gregory W Motzko — 11. DATE SIGNED 1/7/87

12. PLACE OF BURIAL OR OTHER DISPOSITION A. NAME	B. STREET ADDRESS	C. CITY AND STATE
MT. HOPE CEMETERY	3157 MARKET STREET	SAN DIEGO, CALIFORNIA

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

14. REGISTRAR'S SIGNATURE	15. REG. DISTRICT	16. DATE SIGNED
Margaret H. Carmichael Deputy	102-2	1-6-1987

VS-7 REV. 7-74

OFFICIAL RECEIPT

№ 34076

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

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

Date: Jan 8, 1987

From: Paul J Long Jr. Address: 2585 Calle Sarana, S.D. 92139

Thirteen hundred thirty nine and no/100 Dollars ($ 1339.00)

In full Payment of Interment fees for Eulon G. Bratton - Dr Veterans Area - WW 2 & after (Marker Fee Sett Pd)

Lot 12 Grave 12 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6366

BALANCE DUE —0—

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

1742

AC-212 (Rev. 11-86)

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

JAN 12 1987

ISSUED BY Geoyen Letter

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	173	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	1339	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of T.R. Easter child

in a none (Vault/Liner) Funeral, date, time Thursday 11Am 1-8

Church, Chapel, Graveside Graveside ; Rosedale Mortuary.

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

Lot 1106 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100 00
Additional spaces and care fund	none
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 34077	199 00
Balance due	-0-

PAID
JAN 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

"34"

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6367

Acct. # _____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6367

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Tierra Rochelle Easter	Female	May 11, 1985	Jan. 2, 1987

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	Dorlene Johnson - Grandmother 438 So. 30th Street 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 Martin Luther King Dr.: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: JAN 8 1987 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 JAN 8 1987 (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

№ 34077

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

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

Date: 01-08 19 87

From: Andrews-Bagdale Address: 5050 Federal Blvd San Diego

One hundred ninety nine and no/00 Dollars ($ 199.00)

In full Payment of J.B. Easter Services

Lot 1106 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E6367

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.

JAN 12 1987

ISSUED BY G. Sang

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	99	00
Burial Containers	100 77182	[illegible]	
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	199	00

P.A.
13886
Indigent

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-87

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

in a none Vault/Liner Funeral, date, time Fri 1/9/87 2:00

~~Church, Chapel, Graveside~~ Delivery ~~to~~ to Calif Cem South Mortuary.

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

Lot 13 Grave 4 Row ____ Section 2 Division/Block 11

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

Called in By Joe McCormick P.A.
#13881
Wendy -

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 - Jud
Signature
County of SD
Address
State Zip Code
Telephone

Invoice # 051794
Acct. # 000952

Work Order # E 6368

PY-583 (REV. 6-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6348

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Christine Capron	Female	5-6-1965	12-25-1986

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	Public Administrator(Exec) 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
SOUTHERN CALIFORNIA CREMATION & BURIAL 8881 El Cajon Blvd. San Diego, CA	F-1357

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 JAN 9 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Rimel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 9 1987 (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.

E6368

051794	01/14/87	000952	COUNTY OF SAN DIEGO			02/04/87	CK	04-763496	145.00	145.00	0.00
			100	072	77181	000072			90.00		PAID IN FULL
			100	072	77184	000072			55.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-07-87

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

in a Ash Vault/Liner Funeral, date, time 1-13- AM

Church, Chapel, Graveside Upon delivery Winter Mortuary. Hollywood, FLORIDA

All Funeral cars must arrive 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 10 Row 2 Section 8 Division/Block 7

Grave space & Care Fund B-3147 (1922) Renewed

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
JAN 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 242 40

Paid receipt number 34082 242.40

Balance due -0-

Called by Ned Studd Winter Mortuary

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

See attached - O.K. DWS

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 6369

Acct. # ____

PY-593 (REV. 8-86)

Check to come w/ remains

CREMATIONS, INC.

P. O. BOX 888
HOLLYWOOD, FLORIDA 33022

TELEPHONE: 925-7576

6369

I hereby certify that herein are contained the CREMATED/~~CREMATED~~ remains

of: EVELYN PARR

Cremated/~~Cremated~~ on the 3rd Day of JANUARY 19 87

Permit # 415-3668 Issued at BROWARD COUNTY

Date of Death DECEMBER 24, 1986 Age 86

Funeral Firm WINTTER FUNERAL CHAPEL 6107 MIRAMAR PKWY. MIRAMAR, FL 33023
(Address)

By Thomas Knight

6369

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

The undersigned being duly sworn, and says:

1. That his/~~her~~ relationship to the deceased, _____ Evelyn Parr _____, is that of nephew.

2. That the undersigned is authorized to make funeral arrangements and cemetery arrangements for the disposition of the deceased, Evelyn Parr.

FURTHER AFFIANT SAYETH NOT.

X Robert S Parr
AFFIANT

Sworn to and subscribed before me this 8th day of January, 1987.

Notary Public, State of Florida
at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
BONDED THRU GENERAL INSURANCE UND

60369

The undersigned (and if more than one, each of them jointly and severally) do hereby appoint _____ and _____ of Wintter Funeral Chapel _____ and each or either of them as my (our) attorney in fact to act in my (our) capacity to do any of the following:

1. To make all necessary arrangements for the interment, inurnment, or entombment of the remains of ~~cremated remains of~~ EVelyn Parr _____ at Mount Hope Cemetery _____, a cemetery company licensed pursuant to Part IV, Chapter 559, Florida Statutes.

2. To make all necessary arrangements for the installation of burial merchandise including but not limited to vaults, monuments and markers.

3. To accept, receive and acknowledge all disclosures required by Part IV, Chapter 559, Florida Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

this 8th day of January, 1987.

Signed, sealed and delivered in the presence of:

X Robert W Parr (SEAL)

_____ (SEAL)

_____

_____

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 8th day of January, 1987, before me, the undersigned authority, personally appeared Robert Parr and _____ to me known and known to me to be the person(s) described in and who executed the foregoing instrument, and duly acknowledged the execution thereof to be (his) (her) (their) free act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal the date aforesaid.

Elaine Parr
Notary Public, State of Florida at Large

My commission expires: NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXPIRES MAR 25 1987 BONDED THRU GENERAL INSURANCE UND

OFFICIAL RECEIPT

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

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

№ 34082

Date: 1-12-87, 19

From: Winter Funeral Chapel Inc Address: 6107 Miramar Parkway Miramar Fla

Two Hundred forty two @ 40/100 Dollars ($ 242 40/xx)

In full Payment of Incurment of Evelyn Parr - dec ⊗

Lot _____ Grave 10 Row 2 Section 8 Division ~~Block~~ 7

Invoice No. ~

Acct. No. ~

W.O. E-6369

BALANCE DUE —0

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

AC-212 (Rev. 11-86) 2616 63/617

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

JAN 15 1987

ISSUED BY Geogen Stetler
Cem. Mgr

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-87

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

in a Concrete Liner (Vault/Liner) Funeral, date, time 1 P.M. Thur-1-8-

Church, Chapel, Graveside Graveside ; 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 98 Grave 11 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Land & Care —	300 00
Additional spaces and care fund — Single only —	
Opening/Closing & Setup	320 00
Burial Container ... Concrete	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales tax	6 00
Total Due	906 00
Paid receipt number 34073	906.00
Balance due	-0-

PAID
JAN 7 1987
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 A. Lee Sparks
Signature
620 Broadway S.E.
Address
Albuquerque, New Mexico 87102
City, State, Zip Code
243-0143
Telephone

Invoice # 34073

Work Order # E 6370

Acct. #

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6370

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RAYMOND PERRY	Male	Oct. 28, 1933	Jan. 6, 1987

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	A. Lee Sparks - Mother 1520 Broadway S. E. Albuquerque, New Mexico 87102

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 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: JAN 8 1987	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 JAN 8 1987 (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

№ 34073

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

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

Date: Jan 7, 1987, 19

From: A. Lee Sparks Address: 1520 Broadway S.E. - Albuquerque N.M. 87106

Nine Hundred Six and no/100 Dollars ($ 906.00)

In full Payment of Interment fees for Raymond Perry - dec

Lot 98 Grave 11 Row Section 2 Division ~~Block~~ 11

Invoice No. ~

Acct. No. ~

W.O. E-6370

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 08 1987

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	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	$	906	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Exchange 2 lots

Date 01-08-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Lot 159 - Dwn 10 to :

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 _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ... Tree removed _____

Additional spaces and care fund this would allow _____

Opening/Closing & Setup double as usual _____

Burial Container to be side by side _____

Handling Fees ... as originally planned _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due ... ~~0~~

See attached request

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 6371

Acct. # _____

PY-593 (REV. 8-86)

#11367

6371

MT. HOPE CEMETERY :— 12-29-86

PLEASE FIND ENCLOSED THE ORIGINAL DEED FOR TWO LOTS SEPARATE BY A FORMER TREE LOT. THE UNDERSIGNED OWNERS ACCEPT YOUR OFFER TO TRADE THE TREE LOT FOR ONE OF OUR LOTS SO THAT WE WILL OWN TWO ADJOINING LOTS. THANK YOU FOR YOUR KIND OFFER

SINCERELY

Edgar A. Wilson

Lois N Wilson

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12/31/1967

6371

3432

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Edgar A. & Lois H. Wilson for the sum of $ 150.00 (DOLLARS)

LEGAL DESCRIPTION Lots 157 & 159 Division 10 (Double Ash Plots)

AS DESCRIBED ON PURCHASE ORDER NUMBER C-5257

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

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

2' x 1' FLUSH MARKERS ONLY

R. W. Dehn /DOS
Cemetery Manager

Eric Quartz
Public Works Director

FORM PW-584

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-7-87

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

in a _____ Funeral, date, time _____

Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot _____ Grave _____ Row _____ Section Mus 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 _____

Can be Went to El Camino Memorial Cemetery

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6372

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-08-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lilla B. Barney &

in a Ash Vault Funeral, date, time Sat. 1/17 11:00

Church, Chapel, Graveside ~~Hope Cemetery~~ : Santa Barbara Mortuary.

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

Lot 200 Grave 4 Row ____ Section 4 Division/Block 5

PAID
JAN 14 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	1 70
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
~~Flower vases - Marker setting fee~~ Sat. O.T.	190 00
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	433.10
Paid receipt number 34101	404.10
Balance due	-0-

Will send check prior to Sat.

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6373

Acct. # ____

PY-593 (REV. 8-85)

6373

H. J. LOGAN

January 12, 1987

Mount Hope Cemetry
3751 Market Street
San Diego, Ca. 92102

Gentlemen:

Re: Burial of Ashes
Lilla M. Barney

Pursuant to our telephone conversation with a member of your staff I enclose check in payment of graveside services to be held on Saturday 11:00 A.M. Saturday Sept. 17, 1987.
June.

Mrs Barneys' ashes are to buried in the plot of her husband Philip C. Barney. The Walsh-Rice Mortuary of Santa Barbara has been in charge of cremation and we will bring the ashes and burial permit obtained by them.

We appreciate the kind courtesy extended us by your efficent staff in our telephone conversations.

Sincerely
Lilla Barney Logan

Lilla Barney Logan
Daughter of the Deceased

755 WOODLAND DRIVE, SANTA BARBARA, CA 93108

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6373

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LILLA BURNHAM BARNEY	Female	April 21, 1891	January 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santa Barbara	Santa Barbara	Lilla B. Logan - daughter 755 Woodland Drive Santa Barbara, CA 93108

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Welch-Ryce-Haider Funeral Chapels	303

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Welch-Ryce-Haider Crematory 450 Ward Drive, Santa Barbara, CA	DATE CREMATED 1-12-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles C. Tingley
BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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 ▶ Lilla B. Logan DATE SIGNED 1/8/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 1-9-87	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Lawrence Hartman Jr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-17-87 (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 315 Camino del Remedio, Santa Barbara, CA - Santa Barbara County		

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

Ca. 93108

Date: 01-14, 19

From: Lilla B. Logan Address: 755 Woodland Dr. Santa Barbara

Four hundred thirty four and 10/100 — Dollars ($ 434.10

In full Payment of Lilla B. Barney service

Lot 200 Grave 4 Row Section 4 Division Block

Invoice No.

Acct. No.

W.O. E 6373

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	1
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105
Burial Containers	100 77182	40
Handling Fee	100 77183	60
Recording & Misc. Fees	100 77183	35
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	2
TOTAL PAID	$	434

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-08-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 1/12/87 2:00

Church, Chapel, Graveside Chapel & I.S. : 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 No.

Lot 98 Grave 9 Row — Section 2 Division/Block II

Grave space & Care Fund	250.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Bell Concrete Liner	100.00
Handling Fees to Install Liner	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 34080	856.00
Balance due	0

PAID
JAN 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 E. E. McGriff
Signature
X 3227 J St.
Address
San Diego Ca 92102
State Zip Code
239-4367
Telephone

Work Order # E 6374

Invoice # _____

Acct. # _____

PY-693 (REV. 8-86)

We select $856
or show other
area if interested

PAID

Della Harris - Mother
in 143-1-14-7

John Harris - Father in
204-2-14-7

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6373

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY [illegible] BROWN	Female	Aug. 31, 1908	Jan. 4, 1987

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	Stella Harris - Sister 3862 National 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 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: JAN 8 1987 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 1-12 (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

№ 34080

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

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

Date: 01-09, 1987

From: E.C. McGriff Address: 3227 J St S.D. 92102

Eight Hundred fifty six and 00 Dollars ($ 856 00)

In Full Payment of Interment for Mary Brown dec

Lot 98 Grave 9 Row Section 2 Division II

Invoice No.

Acct. No.

W.O. E 6374

BALANCE DUE -0-

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

006542

JAN 15 1987

CREDIT	67007		
20% Sales Care	77154	50	00
80% Sales of Lots	100 77154	200	00
Opening/ Closing	100 77151	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	$	856	00

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

ISSUED BY Joyce Stelter

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-09-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris O. Kinsman

in a _____ Vault/Liner Funeral, date, time THURS. 1-15-87 AM

Church, Chapel, Graveside Upon delivery Telephase Mortuary.

All Funeral cars must arrive 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 14 Row _____ Section MAS Division/~~Block~~ D

Grave space & Care Fund	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	
Total Due	140 00
Paid receipt number 34095	140 00
Balance due	0

PAID
JAN 13 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Daughter-in-law Carol Kinsman

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

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

_____
Signature of recorded holder of deed

Notified Family 01-15-87

Work Order # E 6375

PY-503 (REV. 8-86)

_____
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Notice attached when completed

6375

January 8, 1987

Mt. Hope Cemetery
City of San Diego
3751 Market Street
San Diego, Calif.

Dear Sir,

Please find enclosed a check for $140.00 to cover the cost of internment of my mother, Doris O Kinsman. Her ashes are being delivered by Telophase and are to be placed with my father, Robert W Kinsman, in Lot 6, Grave 14, section Masonic, Division D. My wife and I would appreciate your notification of us after my mother has been buried.

Thank you for your assistance,

Robert W Kinsman

Robert W. Kinsman
6790 Summit Ridge Way
San Diego, Calif. 92120
619-286-3757

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6375 35150

USE BLACK —MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Doris Ottilie Kinsman	Female	6-19-1910	1-9-1987

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: 351 Bradley #153 El Cajon, CA 92021

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: 1-10-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Mark Fugers
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: DATE SIGNED: Jan. 9 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: JAN 9 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Reimal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 15 1987 (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.

OFFICIAL RECEIPT

Nº 34095

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

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

Robert W. Kinsman Sp #153

Date: 01-13 , 1987

From: Doris Kinsman Address: 351 E. Bradley, El Cajon, Ca 92021

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

In Full Payment of Doris A. Kinsman Services

Lot 6 Grave 14 Row Section Mar Division Block D

Invoice No.

Acct. No.

W.O. E6375

BALANCE DUE 0

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

JAN 15 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	140 00

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

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-9-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon-11Am 1-12

Church, Chapel, Graveside Chapel of S.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 108 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 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 34081	456.00
Balance due	400.00

30 day note

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

Marcus D Terry
Signature

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

_____
Signature of recorded holder of deed

6454 Hazard Way
Address
San Diego CA 92139
State Zip Code
619-479-3903
Telephone

Invoice # 051796

Work Order # E 6376

Acct. # 020443

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6376

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SANDRA MAE JONES	Female	March 10, 1951	Jan. 8, 1987

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	Emmanuel Francoais - Friend 757 N. 48th St. San Diego, CA 92102 FRANCOUIS

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 Martin Luther King Dr.: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 JAN 12 1987
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MHM		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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		

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

№ 34081

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

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

Date: 1-9-87, 19

From: Marcus Terry Address: S.D. 92139

Four hundred fifty six & no/100 Dollars ($ 456.00)

In Part Payment of Interment fees for Sandra Jones-dee

Lot 108 Grave 11 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E6376

BALANCE DUE 400.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1567

AC-212 (Rev. 11-86)

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

JAN 15 1987

ISSUED BY George Stetts

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing On	100 77181	200	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	456	00

OFFICIAL RECEIPT

№ 34142

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

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

Date: 01-28, 1987

From: Marcus Terry Address: 6454 Hayward Way LA Ca 92139

Four hundred and no/100 Dollars ($ 400.00)

In full Payment of Sandra M. Jones service

Lot 108 Grave 11 Row Section 2 Division ~~Block~~ 11

Invoice No. 051796

Acct. No. 020443

W.O. E 6376

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	$	400.00

AC-212 (Rev. 11-86)

E6376

051796 01/14/87 020443	MARCAS G. TERRY				01/28/87 CK	1574	400.00	400.00
	100	072	77181	000072			114.00	
	100	072	77182	000072			100.00	
	100	072	77183	000072			180.00	
	60101		78390				6.00	

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,459.80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Exchange of lot for:

Date 01-09-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rae Esther Day from

in Lot 91 - 100F Vault/Liner Funeral, date, time Blk 43

Church, Chapel, Graveside to: Mortuary.

All Funeral cars must arrive 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 ____ Section 100F Division/Block O

Grave space & Care Fund ..... Lot Closer	
Additional spaces and care fund to family -	
Opening/Closing & Setup ..... not previously	
Burial Container ..... known at time of	
Handling Fees ..... other purchases	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number ____	
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

Signature Rae Esther

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6377

Acct. # ____

PY-593 (REV. 8-95)

#11368

DUPLICATE DEED

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

06/24/1986

6577

DEED

Nº 11278

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rae Esther Gay for the sum of $ 490.00 (DOLLARS)

LEGAL DESCRIPTION Lot 91, Section IOOF, Block 43

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4541

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

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

Regulation monument or marker

Cemetery Manager

Property Director

PV-[illegible]

E6377

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

11/24/86

Rae Esther Gay
3658 Crown Point Drive
San Diego, CA 92109

Dear Ms. Gay:

It has been determined by the Cemetery Manager, George W. Stelter and the Grounds Maintenance Supervisor, Wendy Teague that the lot next to the Rassmussen's is an available lot.

As per our conversation, if you would prefer the location, please return the original Cemetery Deed issued to you for Lot 91, IOOF Section Blk 43. A new deed will be sent with the new lot description.

If you have any question, please let me know.

Respectfully yours,

Barbara Lang

Barbara Lang
Administrative Aide II.

Attachment

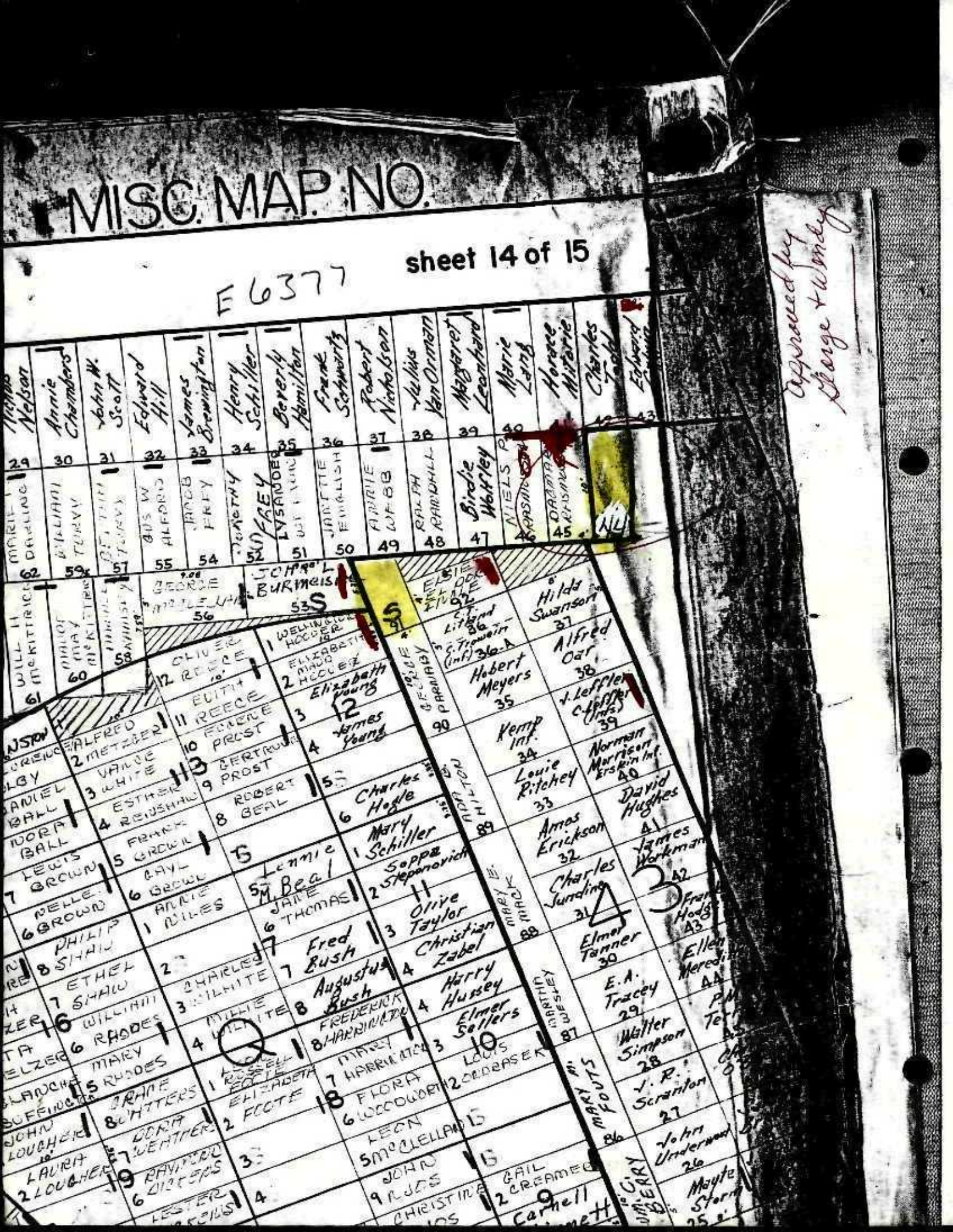
Phone #
274-2664

LOT OWNER E-4541

GAY, Rae Esther, 3658 Crown Pt.,Dr,SD,CA 92109
NAME ADDRESS

LOT 91 GR. ____ ROW ____ SEC IOOF BLK 43 DIV ____

Duplicate Deed 11278 - replaces Deed 11071 in error


MISC. MAP. NO.
sheet 14 of 15
E 6377
Approved by George + Wendy
Nichols Nelson 29
Annie Chambers 30
John W. Scott 31
Edward Hill 32
James Brewington 33
Henry Schiller 34
Beverly Hamilton 35
Frank Schwartz 36
Robert Nicholson 37
Julius Van Orman 38
Margaret Leonhard 39
Marie Lang 40
Horace Mitorie
Charles Todd
Edward
Marie Darling 62
William Turvy 59
Betty Turvy 57
Gus W. Alford 55
Jacob Frey 54
Dorothy Frey 52
Lysander 51
Janette English 50
Annie Webb 49
Ralph Randall 48
Birdie Wolfley 47
Niels Rasmussen 46
Dagmar Rasmussen 45
Will H. McKittrick 61
Maud May McKittrick 60
George McClellan 56
John L. Burmeister 53
Elsie Elmore 92
C. T. Litland 36
C. Trowein (Inf.) 36-A
Hilda Swanson 37
Alfred Oar 38
Hobert Meyers 35
J. Leffler
C. Leffler (Inf.) 39
Kemp Inf. 34
Louie Ritchey 33
Norman Morrison Erskin Inf. 40
David Hughes 41
Amos Erickson 32
James Workman 42
Charles Junding 31
Elmer Tanner 30
Frank Hodge 43
Ellen Meredith 44
E. A. Tracey 29
Walter Simpson 28
J. R. Scranton 27
John Underwood 26
Mayte Storm 25
George Parnaby 90
Ada B. Hilton 89
Mary E. Mack 88
Martha Wesley 87
Mary M. Foots 86
Wellington Hodder 1
Elizabeth Maud Hodder 2
Elizabeth Young 3
James Young 4
Charles Hogle 6
Mary Schiller 1
Soppa Stepanovich 2
Olive Taylor 3
Christian Zabel 4
Harry Hussey 4
Elmer Sellers 3
Louis Ondrasek 2
Carnell
Gail Creamer 2
Oliver Reece 12
Edith Reece 11
Eugene Prost 10
Gertrude Prost 9
Robert Beal 8
Lennie M. Beal 5
Jane Thomas 6
Fred Bush 7
Augustus Bush 8
Frederick Harrington 8
Mary Harrington 7
Flora Woodworth 6
Leon McClellan 5
John Njos 9
Christine Njos
Alfred Metzger 2
Vance White 3
Esther Renshaw 4
Frank Brown 5
Gayl Brown 6
Annie Niles 1
Charles Wilhite 3
Millie Wilhite 4
Elizabeth Foote 2
Leon McClellan 5
Lewis Brown 7
Nelle Brown 6
Philip Shaw 8
Ethel Shaw 7
William Rhodes 6
Mary Rhodes 5
Grace Watters 8
Dora Weathers 7
Raymond Dickens 6
Lester Dickens
Laura Loucher 2
John Loucher
Daniel Ball
Nora Ball
Hilton
Lorenz
Elzer
Elzer
Blanche Buffington
Elizabeth Young 12
Q
S
S
4
3
2
1
16
17
18
19
10
9
6
5
4
3
2
1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deliah B. Kilcrease

in a TS Vault (Vault/Liner) Funeral, date, time Wed. 1/14 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 _____ Grave 24 Row 16 Section 2 Division/~~Block~~ 2

Grave space & Care Fund 10148 (1959) ..... 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

PAID
JAN 13 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 710.50

Paid receipt number 34100 710.50

Balance due 0

Called by John Ninehouse @ Greenwood

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

Move dirt Pile off Cremains - $20.00

Signature [signature]

Address PO. BOX 301, PINE VALLEY, CALIF 92062

State Zip Code

Telephone 473-8235

Invoice # _____

Acct. # _____

Work Order # E 6378

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6378 1987

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Deliah Bell Dennis	Female	July 17, 1896	Jan. 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Pine Valley	San Diego	Arthur R. Kilcrease-Son 29234 Rokky Pass Pine Valley, California 92062

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-885 & 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: [illegible] 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: JAN 14 1987	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 1-14-87 (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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

№ 34100

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

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

Date: Jan 13, 1987

From: [illegible] Kilcrease Address: Pine Valley Ca 92062

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

In full Payment of Interment of D. B. Kilcrease - dec

Lot _____ Grave 24 Row 16 Section 2 Division Block 2

Invoice No. 2

Acct. No. 2

W.O. E-6378

BALANCE DUE Ø

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

AC-212 (Rev. 11-86) 16-453222070

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

JAN 15 1987

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
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	$	710	50

Hattie Brooks

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 12, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Flora (and) Horace Williams

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

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 53 Grave 9 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	Can be used Double Crypt	595.00
Additional spaces and care fund	none	
Opening/Closing & Setup		
Burial Container		
Handling Fees	Space	
Flower vases - Marker setting fee	Only	
Recording and filing fee		
Sales taxes		
	Total Due	595.00
	Paid receipt number 34083	50.00
	Balance due	545.00 (over)

50¢ per mo

Balance paid E-7318

Pre need lot - single

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

Address

State Zip Code

2336851
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6379

PY-593 (REV. 8-85)

		545 00
01-21-87	34125 ✓	50 00
		495 00
02-05-87	34177 ✓	100 00
		395 00
03-13-87	34307 ✓	100 00
		295 00
6/12/87 -	34695	45 00
		$250.00

OFFICIAL RECEIPT

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

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

Nº 34083

Date: Jan 12 19 87

From: Flora Hunt Address: S.D.

Fifty and no/100 Dollars ($ 50 00)

In Dep't Payment of Credit Sub - Pre Need

Lot 53 Grave 9 Row Section 17 Division 2 Block 7

Invoice No. ~

Acct. No. ~

W.O. E-6379

BALANCE DUE

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 15 1987

ISSUED BY Peggy Stetler

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	69033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

№ 34125

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

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

Date: 01-21, 1987

From: Flora Hunt Address: 2464 Market St. SD Ca 92102

Fifty and no/100 Dollars ($ 50 00)

In Part Payment of Planned lot

Lot 53 Grave 9 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E6279

BALANCE DUE ~~$49 00~~

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

JAN 26 1987

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

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

ISSUED BY B. 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 34177

Date: 02-15, 19 87

From: Flora Hunt Address: 2464 Market St Sd Ca

One hundred and no/100 Dollars ($ 100.00)

In cash Payment of Funeral Lot for Flora and Horace Williams

Lot 53 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6379

BALANCE DUE $395.00

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. Lang

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	60101 78390	
TOTAL PAID	$	100 00

OFFICIAL RECEIPT

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

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

Nº 34307

Date: 3/13/87, 19

From: Flora Hurst Address: 2464 Market St. San Diego Ca 92102

One Hundred and no/100 Dollars ($ 100.00)

In Part Payment of ~~Hosp~~ B Hattie Brooks Light

Lot 53 Grave 9 Row Section 17 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 10379

BALANCE DUE ~~$2.95~~

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	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	60101 78390	
TOTAL PAID	$	100 00

OFFICIAL RECEIPT

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

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

Nº 34695

Date: 6/12/87, 19

From: Flora Hunt Address: S.D.

Forty five 00/100 Dollars ($ 45.00)

In Part Payment of On Credit Sale -

Lot 53 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6379

BALANCE DUE #250.00

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 George Stott

CREDIT	67007	
20% Sales Care	77184	45 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 76390	
TOTAL PAID	$	45 00

OFFICIAL RECEIPT

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

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

№ 35733

Post dated ck 3/3/88

Date: 2-17-88, 19

From: Flora Hunt Address: 2416 Market St. S.D.

One Hundred and 00/100 Dollars ($ 100.00)

In Part Payment of for Flora and Horace Williams

Lot 53 Grave 9 Row Section 17 Division 7 ~~Block~~

Invoice No.

Acct. No.

W.O. E-6379

BALANCE DUE

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

AC-212 (Rev. 10-87)

204

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

Post dated 3/3/88

CITY AUDITOR

FEB 23 1988

ISSUED

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	100	00

2464 Market

OFFICIAL RECEIPT

№ 35880

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

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

Date: 3/14/88, 19__

From: Flora Hunt Address: 2464 Market St S.D. 92102

One Hundred and no/100 Dollars ($ 100.00)

In Part Payment of Lou Flora and Horace Williams -

To recover check

Lot 53 Grave 9 Row ____ Section 17 Division Block 7

Invoice No. ____

Acct. No. ____

W.O. E-6379

BALANCE DUE 150.00

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 21 1988

ISSUED BY [signature]

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

AC-212 (Rev. 10-87)

NAME Williams, Flora & Horace C/O Flora Hunt ACCT. NO. E-6379

ADDRESS 2464 Market Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Jan 12	87	Lot 53, Gr 9, Sec 17, Div 7	595 00		345 00	250 00
2-17	88	Receipt # 35733			100 00	150 00
		OC returned	100-			250 00
3-14	88	Receipt 35880			100 00	150 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Trust

Date Jan 12, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Flora (and) Horace Williams

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 53 Grave 9 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ... See E6379	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Concrete Vault	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	
Balance due	

Trust future use 50.00 Per mo.

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

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

_____
Signature of recorded holder of deed

Flora Hunt
Signature

Address _____

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 6380

Acct. # _____

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 12, 1987

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

in a T.L. Vault (Vault/Liner) Funeral, date, time Fri - 11 Am - 1-16

Church, Chapel, Graveside Church & G.S. ; Edgedale Mortuary.

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

Lot 31 Grave 9 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Purchased E 4973 .....

Additional spaces and care fund ..... none .....

Opening/Closing & Setup 320.00

Burial Container .... T.L. Concrete Vault 175.00

Handling Fees 170.00

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales 10.50

Total Due 710.50

Paid receipt number 34086 710.50

Balance due 0

PAID
JAN 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify that I am 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.

Howard B Norwood
Signature of recorded holder of deed

Howard B Norwood
Signature

8167 Brookhaven Ct.
Address

San Diego CA 92114
State Zip Code

619-479-6336
Telephone

Invoice # _____

Work Order # E 6381

Acct. # _____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6381

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Flora Norwood	Female	March 20, 1924	Jan. 10, 1987

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	Joy Faye Sanford - Daughter 2550 Balboa Vista Drive San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 3050 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: JAN 13 1987	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 JAN 16 1987 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Sanford	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

№ 34086

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

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

Date: 1-12-87 19

From Howard B Norward Address: S.D. 92114

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

In full Payment of Interment Fees for Flora Norward - Dec

Lot 31 Grave 9 Row 2 Section 1 Division 11 Block

Invoice No. 2

Acct. No. 2

W.O. E-6381

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 334

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

JAN 15 1987

ISSUED BY Regen Stetler

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	69038 9022		
Sales Tax	80101 78360	10	50
TOTAL PAID	$	710	50

Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dan and Hazel McKeller

in a Double Crypt (Vault/Liner) Funeral, date, time Pre-arranged

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 _____

	1st	2nd
Grave space & Care Fund		
Additional spaces and care fund	—	—
Opening/Closing & Setup	320.00	320.00
Burial Container	320.00	—
Handling Fees	330.00	—
Flower vases - Marker setting fee	—	—
Recording and filing fee	35.00	35.00
Sales tax	19.80	355.00
	1024.80	
Total Due	1379.80	
Paid receipt number	34087-	1000.00
Balance due		379.80

See E-7481

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.

PAID
MAY 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

X Dan McKeller
Signature

X Hazel McKeller
Address

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 6382

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

Trust

№ 34087

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

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

Date: Jan 12, 1987

From: Daniel Hazel McKellar Address: 410 So. Pardee S.D. 92113

One Thousand and no/100 Dollars ($ 1000.00)

In Deposit to Payment of Pre need Double Crypt & second Burial

In Division 10

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. —

Acct. No. —

W.O. E-6382

BALANCE DUE $379.80

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 George Stetler

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	1000	00
Sales Tax	60101 76390		
TOTAL PAID	$	1000	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-12-87

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed. 1/14 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 859 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund D-2063 (1972) Prneed

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 34102 710.50

Balance due -0-

PAID
JAN 14 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 6383

Acct. # ____

PY-693 (REV. 8-85)

Mortuary to bring check.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6383

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELBERT HARVEY CONVILLE	male	Nov 5, 1902	Jan 12, 1987

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	Elva Conville - wife 4444 - 30th St. San Diego, CA 92116

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Rambough 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 - San Diego, CA (3751 Market St.)		COUNTY: San 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: JAN 13 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.M.M
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 14 1987 (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

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

No. 3410

Date: 01-14 19

From: Elva A. Conville Address: 4444-30th St S.D. Ca 92116

In Full Payment of E. H. Conville Services Dollars ($ 710 50

Lot 859 Grave Row Section Division Block 20

Invoice No.

Acct. No.

W.O. E6383

BALANCE DUE 0

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

AC-212 (Rev. 11-68)

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

ISSUED BY B. Lang

CREDIT 20% Sales Cars	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	140	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date 1-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adelle O. Stevens

in a _____ Vault/Liner Funeral, date, time Pre-need

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 30 Grave 1A Row — Section 14 Division/~~Block~~ 7

Grave space & Care Fund For Flat Marker	595.00
Additional spaces and care fund (Can be double Crypt)	
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 34097 ✓	20.00
Balance due	575.00

200.00 Dep.
25.00 -X23 = 1/13/87

(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.

+Adelle O. Stevens
Signature

3542 Webster Ave
Address

San Diego, Ca. 92113
State Zip Code

Telephone

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

Signature of recorded holder of deed

Send Payment Book

Invoice # _____

Work Order # E 6384

Acct. # _____

PY-803 (REV. 8-86)

Payment book sent 1-14-87

		575.00
02-05-87	34175	25.00
		550.00
03-11-87	34299	25.00
		525.00
02-19-87	34228	25.00
		500.00
05-14-87	34575	25.00
		475.00
06-17-87	34705	25.00
		450.00
7-17-87	34829	50.00
		400.00
9-14-87	35039	25.00
		375.00
10-13-87	35156	25.00
		350.00
11-16-87	35305	25.00
		325.00
12-9-87	35408	25.00
		300.00
1-14-87	35571	25.00
		275.00

OFFICIAL RECEIPT

Credit Sale - Pre Need

№ 34097

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

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

Date: Jan 12, 1987

From: Adelfa C. Stevens Address: 3542 Webster Ave SD 92113

Twenty Dollars ($ 20 00)

In Depart Payment of Credit Sale - Pre Need Space

Sold as Flat marker space can be used for Double Casket

Lot 30 Grave 1A Row 2 Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 575 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 15 1987

ISSUED BY

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 90222	
Sales Tax	60101 78360	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

Nº 34175

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

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

Date: 02-05, 19 77

From: Adelle O. Stevens Address: 3542 Webster Ave San Diego

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Purchase Lot

Lot 30 Grave 1A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E6384

BALANCE DUE $550.00

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	57007		
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 78380		
TOTAL PAID	$	25	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelle O. Stevens

ADDRESS 3542 WEBSTER Ave,

CITY SAN DIEGO, STATE CA. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34228

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

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

Date: 2/19/87, 19

From: Adelle Stevens Address: 3542 Webster Ave - SD 92113

Twenty five & no/100 Dollars ($ 25.00)

In Coupon #2 Payment of Credit Sale Coupon #2

#2

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE _____

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

A.E.M.O. 21-530-027-020

AC-212 (Rev. 11-86)

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

ISSUED BY Lloyd Stetler

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.=
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 ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

Rec# 34228

$ 25.00

Amount Received $

NAME Adelle O. STEVENS

ADDRESS 3542 Webster Ave.

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34299

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

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

Date: 03-11, 1987

From Adelle O. Steven Address: 3542 Webster Sd Ca 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed lot

Lot 30 Grave 1A Row Section 14 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6384

BALANCE DUE $525.00

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	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. 11-66)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 1th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

Nº 34575

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

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

Date: 5/14/87, 19

From: Adelle O Steven Address: SD 3542 Webster Ave 92113

Twenty five and 00/100 Dollars ($ 25.00)

In Payment of Credit Sale Coupon #4 Coupon #4

Lot 30 Grave 1/A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE $475.00

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

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	65033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

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

ISSUED BY Rosemarie

AC-212 (Rev. 11-86) 21-531-770-500
82/40 - MO.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 ▶ $ 25.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34705

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

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

Date: 6-17, 1987

From: Adelle O. Stevens Address: 3542 Webster Ave
twenty-five 001 Dollars ($ 25 —)

In _____ Payment of Coupon # 5 Credit Lot Sales

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E 6384

BALANCE DUE 450 —

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

13469099

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

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
50% 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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	—

AC-212 (Rev. 11-86)

Lot 8

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Adelle O Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35039

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

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

Date: 9-14 19 87

From: Odelle Stevens Address: 3542 Webster Ave, SD 92113

Twenty-five Dollars ($ 25.00)

In Payment of Coupon #8 Credit Sale

Lot 30 Grave 1A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 375.00

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

AC-212 (Rev. 11-86) 14259235

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

ISSUED BY Sandra L. 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	83033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	25	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.-
San Diego, CA 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUE
	XX										

Amount due when paid on, or before due date above. 10th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE Ca ZIP 9211 3

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35156

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

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

Date: 10-13 19 87

From: Adelle Stevens Address: 3542 Webster Ave, SD 92113

Twenty - five 00/ Dollars ($ 25.00)

In Payment of Canyon #9 Credit Lot

Lot 30 Grave 1A Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 350.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
000 29691

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT	87007	
20% Sales Care	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	80101 75380	
TOTAL PAID	$	25 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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: 0th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34829

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3

Date: 7-17, 1907

From: Mille Stevens Address: 3542 Webster Ave

Dollars ($ 50.00)

In _____ Payment of Cap'n #6&7 Credit Lot Sale

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE $400.00

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

13660861

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	50 —
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 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.-
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 10th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE CA ZIP 9211 3

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 0th — $ 25.00

Amount due if paid more than 10 days after due date above. — $ 1.00

$ _____

Amount Received $ _____

NAME Adelle O. STEVENS

ADDRESS 3542 WEBSTER AVE.

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35305

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

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

Date: 11-16, 1987

From: Cedelle O. Stevens Address: 3542 Webster Ave, SD

Twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon #10 Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE _____

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

AC-212 (Rev. 11-86) 00091430

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

ISSUED BY Andy 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	83033 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-6384

Adelle O. Stevens
3542 Webster Ave.-
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 ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME ADELLE O. STEVENS

ADDRESS 3542 WEBSTER 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
264-3151

№ 35571

Date: 1-14, 19 88

From: Adelle O. Stevens Address: 3542 Webster, Ave SD
Twenty Five Dollars ($ 25.00)

In _____ Payment of Coupon 12, Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE 275.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
CS-00185972

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 22 1988

ISSUED BY Sandra Word

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** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.-
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: .0th ▶ $ 25.00

Amount due if paid more than 10 days after due date above, ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave

CITY San Diego STATE Ca ZIP 9213

☐ 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 35678

Date: 2-8 19 88

From: Adelle O. Stevens Address: 3542 Webster Ave, SD 92113

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of Grave #13 Infant Lot

Lot 30 Grave 1A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6364

BALANCE DUE 250.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
00254788

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 10 1988

ISSUED BY Lindy Ward

CREDIT	87007		
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 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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: Deh ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster 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 35787

Date: 3-1 19 88

From: Odelle D. Stevens Address: 3542 Webster Avenue, SD

Twenty-five no/100 Dollars ($ 25.00)

In Payment of Coupon #14 Credit Lot

Lot 30 Grave 1-A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6389

BALANCE DUE 225.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
CS-00266791

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	87007	
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-6384

Adelle O. Stevens
3542 Webster Ave.
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 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35938

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

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

Date: 3-30, 1988

From: Adelle O. Steven Address: 3542 Webster Ave, SD
Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon #15 Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE 200.00

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

00330140

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra 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 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 0th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster 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
264-3151

№ 35408

Date: 12-9, 1987

From: Adelle O. Stevens Address: 3542 Webster Ave S.D. 92113

Twenty-five dollars & 00/100 Dollars ($ 25.00)

In part Payment of Credit lot Sales coupon #11

Lot 30 Grave 1A Row — Section 14 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 300.00

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

M.O.# SN-0000001416674

AC-212 (Rev. 10-87)

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

ISSUED BY Nora Black

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 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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 1th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Adelle O. Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36075

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

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

Date: 5-2 19 88

From: Estelle Stevens Address: 3542 Webster Ave SD

Twenty-five and 00/100 Dollars ($ 25.00)

In Payment of Oregon 16 Unit Lot

Lot 30 Grave 1A Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 175.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
0040386

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 04 1988

ISSUED BY Linda Neal

CREDIT	87007	
20% Sales Care	77184	25 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	83033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 10th $ 25.00

Amount due if paid more than 10 days after due date above, $ 1.00

$

Amount Received $

NAME Adelle O Stevens

ADDRESS 3542 Webster 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
264-3151

№ 36189

Date: 5-26, 1988

From: Adelle Stevens Address: 3543 Webster Ave, SD
Twenty Five no/100 Dollars ($ 25.00)

In _____ Payment of Chapman 17 Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE 150.00

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

CS-00441095

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAY 31 1988

ISSUED BY Sandra Ward

CREDIT	87007		
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** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6384

Adelle O. Stevens
3542 Webster Ave.
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: 1st ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Enclosed $

NAME Adelle Stevens

ADDRESS 3542 Webster 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
264-3151

№ 36431

Date: 7-18, 19 88

From Adelle Stevens Address 3542 Webster Ave, SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE 125.00

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

CS-005 366 25

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 25 1988

ISSUED BY Sandra Ward

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 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 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Adelle O. STEVENS

ADDRESS 3542 WEBSTER 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
264-3151

№ 36537

Date: 8-9, 1988

From: Adelle Stevens Address: 3542 Webster Avenue

Fifty dollars Dollars ($ 50.00)

In payment Payment of Credit Lot Sales

Lot 3.0 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6384

BALANCE DUE 75.00

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 [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	50	—

AC-212 (Rev. 10-87)

CS-00617919

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Adelle Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Adelle Stevens

ADDRESS 3542 Webster 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

№ 36856

Date: 10-17, 19 88

From: Adelle Stevens Address: 3542 Webster Ave, SD, 92

Twenty-five no/100 Dollars ($ 25.00)

In Payment of Coupon 21 Mount Hope

Lot 30 Grave 1A Row CITY AUDITOR Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E-6354

BALANCE DUE ~~$ 50.00~~

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

OCT 19 1988

CREDIT	67007	25	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		
Sales Tax	80101 78300		
TOTAL PAID	$	25	00

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

AC-212 (Rev. 10-87) 0043775

ISSUED BY Linda Wood

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 9th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelle Stevens

ADDRESS 3542 Webster 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

№ 36872

Date: 10-25, 19 88

From: Adelle Stevens Address: 3542 Webster Ave, SD 92113

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 22 Credit Lot

Lot 30 Grave 1A Row _____ Section 14 Division ~~Block~~ 7

CITY AUDITOR
OCT 31 1988

Invoice No. _____

Acct. No. _____

W.O. E-6384

BALANCE DUE 25.00

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

CREDIT	67007	25	00
20% Sales Care	77184		
80% Sales	100		
Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	$	25	00

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

CS-00783452

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelle O. Stevens
3542 Webster Ave.
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 ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelle Stevens

ADDRESS 3542 Webster Ave.

CITY San Diego STATE Ca. ZIP 9211 3

☐ 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

№ 36951

Date: 11-10, 1988

From: Adelle Stevens Address: 3542 Webster Ave, SD

twenty - five no/100 — Dollars ($ 25.00)

In _____ Payment of Voucher 23 final payment

on credit lot

Lot 30 Grave 1A Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-6384

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 21 1988

ISSUED BY Sandra Ward

CREDIT	67007	25.00
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 78380	
TOTAL PAID	$	25.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6384

Adelia O. Stevens
3542 Webster Ave.
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 'th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Adelia Stevens

ADDRESS 3542 Webster Ave

CITY San Diego STATE Ca. ZIP 9211 3

☐ check (✓) if this is new address

NAME Stevens, Adelle O. ACCT. NO. E-6384

ADDRESS 3542 Webster Avenue, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
J[redacted]13	87	Lot 30, Grave 1A, Section 14, Division 7	595 00		320 00	275 00
2-[redacted]	88	Coupon # 13, Receipt # 35678			2500	250 00
3-1	88	Coupon # 14, Receipt # 35787			2500	225 00
3-30	88	Coupon # 15, Receipt 35938			2500	200 00
5-2	88	Coupon # 16, Receipt 36075			2500	175 00
5-26	88	Coupon #17, Receipt 36189			2500	150 00
7-18	88	Coupon # 18 Receipt 36431			2500	125 00
8-9	88	Coupon 19+20 Receipt 36537			5000	75 00
10-17	88	Coupon 21, Receipt 36856			2500	50 00
10-21	88	Coupon 22, Receipt 36872			2500	25 00
11-10	88	Coupon 23, Receipt 36951			2500	-00

AIGNER FORM NO. 25-204 Stevens, Adelle O. 30 - 1A - 14 - 7 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 1/16 2:00

Church, Chapel, Graveside Chapel 45 ; 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 _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund Flat marker only allowed	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Comm. Bell Liner	100.00
Handling Fees	146.00
Flower vases - Marker setting fee Overtime if after 3:30 #100.00	
Recording and filing fee 7%	35.00
Sales taxes	6.00
Total Due #100.00	856.00
Paid receipt number 34098 -	856.00
Balance due	-0-

PAID
JAN 13 1987
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. See E 6391

Signature of recorded holder of deed

Void E 6385

X Roy Horn

E 6385

Work Order #

PY-593 (REV. 8-85)

X Roy Horn
Signature

Address 3619 Beta ST

State Zip Code

Telephone

Invoice # All WO E 6391

Acct. #

approved Supervisor/Mgr.

OFFICIAL RECEIPT

№ 34098

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

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

Date: Jan 13, 1987

From: Roy Horn Address: San Diego

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

In full Payment of Interment fees for Mornurva Hunter - due

If overtime - will be extra - $100.00

Lot _____ Grave _____ Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F6385

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.

JAN 15 1987

ISSUED BY Geoyen Stetter

CREDIT 20% Sales Care	67007 77184	50.00
50% Sales of Lots	100 77184	200.00
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	$	856.00

AC-212 (Rev. 11-86)

860
856
4

Pu Neid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances May Stransky

in a Urn garden Roses Vault/Liner Funeral, date, time 3:30 1-19- Tues

Church, Chapel, Graveside _____ ; Vault _____ Mortuary.

All Funeral cars must 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

Urn garden - Roses

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

4 ft in and 4 ft up from corner nearest flag pole

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	257.56
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	400.00
Paid receipt number 34099 ✓	100.00
Balance due	300.00

Over

To be Completed about 10-87

Deposit 35577

Or 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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6386

PY-583 (REV. 8-85)

Can Store Cremains in vault till area Ready Deposit of $100.00 on Space sale of About 250.00

6x8 marker (about)

FICIAL RECEIPT

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

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

№ 34099

Date: Jan 13, 1987

From: Mary L Lasiter Address: San Diego Cal

One Hundred Dollars ($ 100.00)

In Deposit Payment of Inurnment of Frances May Stransky - Dr in Rose garden area to be completed by 10-87

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6386

BALANCE DUE F

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

998

AC-212 (Rev. 11-88)

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	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	60101 78390		
TOTAL PAID	$	100	00

Daughter of

Frances M. Stranska

1-7-84

Mary L. Laseter

1072 E. Madison Ave

Apt. 40

El Cajon, CA 92021

440-2826

Greenwood gave to Beardsley-Mitchell

Beardsley Mitchell released to Jamsley

Per Oct 3-2-87

E6386

8:30 E6386

Elsie
@ Greenwood.



Beardsley
Mitchell

Thomas Bishop

Frances May Stransky

E6386

May 30, 1926

Jan 7, 1987

B.+M - to Greenwood

Sister of Mary -

Ruth Bryant

520 Sunnyside Ave

S.D. 92114

697-2125

Space & Investment about $250.00

Marker - $100.00

6386

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: FRANCES	1B. MIDDLE: MAY	1C. LAST: STRANSKY	2A. DATE OF DEATH (MONTH, DAY, YEAR): JANUARY 7, 1987	2B. HOUR: 1657	
3. SEX: FEMALE	4. RACE/ETHNICITY: WHITE	5. SPANISH/HISPANIC: NO	6. DATE OF BIRTH: MAY 30, 1926	7. AGE: 60 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA	9. NAME AND BIRTHPLACE OF FATHER: UNK UNK, UNK		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: ORA MAE SLOCUMB, GA		
11A. CITIZEN OF WHAT COUNTRY: USA	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 -- TO 19 --	12. SOCIAL SECURITY NUMBER: 548-30-7203	13. MARITAL STATUS: DIVORCED	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): N/A	
15. PRIMARY OCCUPATION: HOMEMAKER	16. NUMBER OF YEARS THIS OCCUPATION: ADULT LIFE	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): SELF-EMPLOYED	18. KIND OF INDUSTRY OR BUSINESS: OWN HOME		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3027 OLIPHANT	19B.	19C. CITY OR TOWN: SAN DIEGO			
19D. COUNTY: SAN DIEGO	19E. STATE: CA	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: MARY L. LASITER, DAUGHTER 3027 OLIPHANT SAN DIEGO, CA 92106			
21A. PLACE OF DEATH: SHARP MEMORIAL HOSPITAL	21B. COUNTY: SAN DIEGO				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 7901 FROST STREET	21D. CITY OR TOWN: SAN DIEGO				

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

IMMEDIATE CAUSE — (A) Chronic obstructive lung disease — 10yrs

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

DUE TO, OR AS A CONSEQUENCE OF — (B) Tobacco — yrs

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? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12/10/86 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1/7/87	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Jim Schibanoff MD	28C. DATE SIGNED: 1/8/87	28D. PHYSICIAN'S LICENSE NUMBER: 61950
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS: JAMES M. SCHIBANOFF, M.D.	7901 FROST STREET SAN DIEGO, CA	

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)			

INFORMATION FOR 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: CREMATION	37. DATE—MONTH, DAY, YEAR: JAN 9, 1987	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): BEARDSLEY-MITCHELL FUNERAL HOME	40B. LICENSE NO.: F-816	41. LOCAL REGISTRAR—SIGNATURE: Donald L. Ramos, M.D.	42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 09 1987

STATE REGISTRAR: A. | B. | C. | D. | E. | F.

VS-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.
REQUIRED FEE PAID.
DATE ISSUED: Jan. 12, 1987 REGISTRAR OF VITAL STATISTICS
Donald L. Ramos, M.D.

Lou Rae Gardner
Sub. agent — 1987
about last

OFFICIAL RECEIPT

№ 34099

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

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

Date: Jan 13, 1987

From: Mt. Hope Cemetery Address: San Diego Ca

One Hundred Dollars ($ 100.00)

In Deposit Payment of Inurnment of Frances May Stransky - due in Rose garden area to be completed by 10-87

Lot 34099 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6386

BALANCE DUE

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

998

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	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	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

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

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

№ 35577

Date: Jan 19, 19 88

From: Mary L. Lasiter Address: 1072 - E Madison Av El Cajon 92021

Three Hundred and no/100 Dollars ($ 300.00)

In full Payment of Inurnment & niche Plate for ⊗

Frances May Staansky - due ⊗ Plate of Name Inc.

Lot Rose garden Grave - Mt Hope Row Section Division Block

Invoice No. —

Acct. No. —

W.O. E-6386

BALANCE DUE —0—

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

AC-212 (Rev. 10-87) 1228

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

CITY AUDITOR
JAN 22 1988

ISSUED BY Geoyen Stutt

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	200 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	300 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6386

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frances May Stransky	Female	5/30/1926	1/7/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	MARY L. LASITER, DAUGHTER 3027 OLIPHANT SAN DIEGO, CA 92106

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blvd. San Diego, CA	F-817

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- XX 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory Interstate 805 & Imperial Ave. San Diego, CA	DATE CREMATED JAN 9 1987	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 3027 OLIPHANT, SAN DIEGO, CA		SAN DIEGO COUNTY
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 ▶ Ora Mae Clark DATE SIGNED January 8, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 09 1987	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 1-13-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Ora Mae Clark	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 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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6386

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frances May Stransky	Female	5/30/1926	1/7/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	MARY L. LASITER, DAUGHTER 3027 OLIPHANT SAN DIEGO, CA 92106

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blvd. San Diego, CA	F-817

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- XX 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory Interstate 805 & Imperial Ave. San Diego, CA	DATE CREMATED JAN 9 1987	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 3027 OLIPHANT, SAN DIEGO, CA		SAN DIEGO COUNTY
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 ▶ [signature] DATE SIGNED January 8, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 0 9 1987
			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 1-19-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stalter	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 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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19___

CHARGE Mary Lasiter — E

ADDRESS _____

NAME OF DECEASED See W.O. 6386

OWNER Under Stransky

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

TOTAL _____

PAID RECEIPT NUMBER _____

BALANCE _____

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

AUTHORIZED IN PERSON
PHONE BY _____

ORDER TAKEN BY _____

W.O. NO. E 6386

INVOICE NO. _____

FY-593 (4-82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-13-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 1/15 11:30

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 34 Grave 11 Row ____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund B-7455 (1961) ..... Pre need

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 34104 606.00

Balance due 0

PAID
JAN 14 1987
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 Willie Lee
Signature

X 423 So Harbour W
Address

^ Richmond Calif
State Zip Code

9 4804
Telephone

Invoice # _____

Work Order # E 6387

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6387

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SERCEY LEE	MALE	Aug. 9, 1904	Jan. 10, 1987

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	Willie Lee - Brother 423 South Harbor Way Richmond, CA. 94804

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. San Diego, CA. 92102 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 Martin Luther King Dr.; 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: JAN 13 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-15-87 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 3410

Date: Jan 14, 19

From: Willie Lee Jr Address: 423 Harbour Way So Richmond A 948

Six Hundred and Six and 00/100 Dollars ($ 606 00

In full Payment of Interment fees for Sercey Lee - dec

Lot 34 Grave 11 Row Section 15 Division 7 Block

Invoice No. —

Acct. No. —

W.O. E-6387

BALANCE DUE —0—

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

162*

AC-212 (Rev. 11-86)

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

ISSUED BY George Stahl

CREDIT	87007	—	
20% Sales Care	77184	—	
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	0
Burial Containers	100 77182	100	0
Handling Fee	100 77183	145	0
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	80101 78390	6	0
TOTAL PAID	$	606	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/14/87

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 December 1986	$1035.00
Recording and filing fee	
Sales taxes	
Total Due	$1035.00
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
PO Box 94
Address
San Diego, CA 92112
State Zip Code

Telephone Resale #FH-25603192

Invoice # 051781

Work Order # E 6388

Acct. # 004821

PY-593 (REV. 8-86)

				Dec. 1986				6388	
9/9	125	2x1		Brown, Florence	1947				10
9/15	135	✓		Montana, Phillip	80	1		3	12
✓	125	✓		Rodriguez, Lesa L	65	11		2	12
✓	125	✓		Martinez, Linda H.	112	9		1	12
✓	125	✓		McDougald, Myrtle	18	3		5	3
9/16	125	2x1		Smith, Betty Jean (Publishing)	100	5		2	11
9/18	160		2x1	Lampkin, Vernon	82	345		14	7
9/23	125	2x1		Arellado, Victor	71	1		3	12
	135	- E	6388						

OFFICIAL RECEIPT

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

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

№ 34137

Date: 01-26, 1987

From: Conti + Son Address: P.O Box 94 S.D. Ca 92112

One thousand thirty five and no/100 Dollars ($ 1035.00)

In full Payment of Marker installations for December 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 051781

Acct. No. 004821

W.O. E 6388

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.

FEB 4 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	83033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	1035.00

AC-212 (Rev. 11-86)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/30/87

DATE: 01/30/
TIME: 210338
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
		E6388											
051781	01/14/87	004821	CONTI AND SON MEMORIAL CO					01/26/87	CK	6590	1,035.00	1,035.00	0.0
			100	072		77183	000072				1,035.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/14/87

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 December 1986 $1490.00
Recording and filing fee	
Sales taxes	
Total Due	$1490.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

Seaman/Poe Monument Co
Signature
3893 Imperial Ave.
Address
San Diego, CA 92113
State Zip Code
264-1933
Telephone

Resale #F-40258

Invoice # 051780

Acct. # 000253

Work Order # E 6389

PY-503 (REV. 8-86)

2/1	125	2X1		Olsen, Pearl	11	3		9	3	
✓	160		2X1	Mitchell, Flora Kirw	55	3		1	4	
2/4	85	2X1		Martinez, Maria T	51	11		17	7	
✓	125	2X1		Kerrick, Rose	27	12		2	7	
✓	125	2X1		Moriarty, Ruth	23	12		2	7	
2/9	125	2X1		Towers, John D.	60				10	
✓	125	2X1		Hoover, Bernice B.	6	3		MAS	H	
2/18	125	✓		Bauer, Eugenia	63	2		1	11	
✓	125	✓		Thornton, Mabel	898				10	
✓	125	✓		Bushnell, Shirley	4	2		1	12	
✓	125	12X30		Penderthy, Rich + Toya	606			1	8	
2/19	80	10X20		Sizemore, Jennifer	69	1		MAS	0	
	1496 - E 6389									

№ 34193

OFFICIAL RECEIPT

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

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

Date: 02-11, 1987

From: Seaman-Poe Address: 3893 Imperial Ave SD Ca 92113

Fourteen hundred ninety and no/100- Dollars ($ 1490.00)

In full Payment of Marker installations for Dec 1986

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 051780

Acct. No. 000253

W.O. E6389

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.

2/12/87

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	$	1490	00

AC-212 (Rev. 11-86)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/12/87

DATE: 02/12/87
TIME: 223603
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
051780	01/14/87	000253	SEAMAN/POE MONUMENT CO										
E6389			100	072		77183	000072	02/11/87	CK	1375	1,490.00	1,490.00	0.00
											1,490.00		PAID IN FULL

6389

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/14/87

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 December 1986..	$545.00
Recording and filing fee	
Sales taxes	
Total Due	$545.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

Clemens Granite Co.
Signature
10527 Prospect Ave.
Address
Santee, CA 92071
State Zip Code

Telephone

Resale # F-91479

Invoice # 05785

Acct. # 006490

Work Order # E 6390

PY-503 (REV. 8-85)

12/10/86	$160	3.5 x 12 Fnd -	Cascio, Helen & Joseph
12/17/86	125	3x1 -	George, Hollis & Gladys
12/19/86	125	2x1 -	Joaquin, [illegible]. Antionio
"	135	2x1 Bronzes -	Bowers, Donald E.
	$545.		

OFFICIAL RECEIPT

№ 34226

2/23/87

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

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

Date: 2/19/87, 19

From: Clemens Granite Co Address: 10527 Prospect Ave - S.T. - 92071

Five Hundred forty five Dno/100 Dollars ($ 545.00)

In full Payment of Invoice #051785 - Setting Marker - December 1986 -

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 051785

Acct. No. 006490

W.O. E-6390

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 13744

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

CITY AUDITOR

FEB 23 1987

ISSUED BY Gloyen 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 8022	
Sales Tax	80101 78390	
TOTAL PAID	$	545 00

1240

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

E-6390

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/23/87

DATE: 02/23/87
TIME: 214029
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
051785	01/14/87	006490	CLEMENS GRANITE COMPANY					02/20/87	CK	13744	545.00	545.00	0.00
			100	072		77183	000072				545.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mernarva Hunter-Mother and Johnnie May Simmons - in a Double Crypt (Vault/Liner) Funeral, date, time Fri - 2 P.M. - Daughter 1-16

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 64 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	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	70.00
Sales taxes	19.80
Total Due	1309.80
Paid receipt number 34098	856.00
Balance due	453.80

This Replace E-6385
Do to second death - Credit

note:

I hereby certify I am the Brother & Uncle of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Roy Horn
Signature

3619 Baker St
Address

S.D. 92113
State Zip Code

233-0668
Telephone

Invoice # 052188

Acct. # 020560

Work Order # E 6391

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34180

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

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

Date: 02-09, 1987

From: Roy Horn Address: 3619 Beta St. Sd Ca. 92113

Four hundred fifty three and 80/100 Dollars ($ 453.80)

In full Payment of Melnerva Hunter and Johnnie May Simmons

Lot 64 Grave 11 Row ____ Section 9 Division ~~Block~~ 11

Invoice No. 052188

Acct. No. 021560

W.O. E 6391

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.

2/12/87

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	80101 76390	
TOTAL PAID	$	453.80

AC-212 (Rev. 11-86)

E6391

052188	01/23/87	020560	ROY HORN				02/09/87	CA	E6391	453.80	453.80	0.00
	E6391		100	072	77182	000072				44.00		PAID IN FULL
			100	072	77183	000072				390.00		
			60101		78390					19.80		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,943.80

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6391

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Johnnie May Simmons	Female	Oct. 10, 1948	Jan. 14, 1987

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	Roland Simmons - Brother 5147 Naranja Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary San Diego, CA 92102 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, 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 JAN 15 1987
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MM		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 16 1987 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Statter	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 TOP

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6391

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT		SEX	DATE OF BIRTH	DATE OF DEATH
HERNURRA	HUNTER	FEMALE	April 5, 1916	Jan. 12, 1987

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	Roland Simmons - Son 5147 Naranja Street San Diego, CA. 92114

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Dr.; 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: JAN 13 1987	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 JAN 16 1987 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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.

Case #13950

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-14-87

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

in a _____ Funeral, date, time Thurs. 1/15 2:00
Vault/Liner

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 150 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Called by John Mayer 4:25

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

County of SD
Signature

Address

State Zip Code

Telephone

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

_____
Signature of recorded holder of deed

Invoice # 052924

Work Order # E 6392

Acct. # 000952

PY-593 (REV. 8-85)

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 Torres	Female	Dec.14,1939	Jan.11,1987

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

NAME 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

- 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 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 JAN 14 1987
			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 1-15-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyew Statton	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

04/23/87

OFFICIAL RECEIPT № 34461

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

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

Date: 04-22, 1987

From: County of SD Address: 5201-A Ruffin Rd - Dla 92123

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

In full Payment of Maria Nunez services

Case - 13950

Lot 150 Grave 10 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. 052924

Acct. No. 100952

W.O. E 6392

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	$	145	00

AC-212 (Rev. 11-86)

6392

PG 1

ACR02U PSWD: INVOICE DATA ENTRY

ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 052924 INV DATE: 02 11 87

NAME: COUNTY OF SAN DIEGO

1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: _____

PHONE: 619 264 3151

DEPT: 072 CONTACT: BARBARA LANG

REFER NO: E-6392 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 145.00

DESCRIPTION OF CHARGE	AMOUNT
MARIA TORRES SERVICES	
CASE #13950	55.00
LOT 150 GR 10 SEC 2 DIVN 11	90.00
OPENING/CLOSING	

TOTAL DUE AMOUNT: 145.00 AND/OR PCT CODE: __

LATE CHARGE #1 - DAYS DUE: ___ #2 ___

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

PAID
APR 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

04- 810877

REMITTANCE COPY 6392

DETACH BEFORE CASHING

FORM NO 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORP CODE	DISCOUNT AMOUNT	NET AMOUNT
BS07-23-74	CB 13950 A TORRES, MARIA				145.00

NOT NEGOTIABLE

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3582

01564

TOTAL 145.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph S. Leffler

in a TS Vault (Vault/Liner) Funeral, date, time Fri 1/16 11:00

~~Church, Chapel, Graveside~~ Direct ~~Funeral~~ Featherington Mortuary.

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

Lot 2433 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	C-8359(1970) Preneed
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number	
Balance due	

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.

Richard Leffler
Signature

Address

State 464-1744 Zip Code
Telephone

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

Signature of recorded holder of deed

Invoice # 052932

Work Order # E 6393

Acct. # 020805

PY-583 (REV. 8-80)

Paul Featherington

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUDOLPH SILAS LEFFLER	Male	May 24, 1903	Jan. 14, 1987

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	Richard Leffler, son 8401 Tio Diego Pl. 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 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: JAN 15 1987	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 JAN 16 1987 (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

E6392

052932	02/11/87	020805	FEATHERINGILL MORTUARY 100 072	77133	000072	03/03/87	CA	35.00 35.00	35.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 1,165.50

E6393

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust for

Date 01-15-87

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

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 59 Grave _____ Row _____ Section MAS Division/~~Block~~ P

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container Upgrade to Vault 104 50

Handling Fees ..... _____

~~Flowers urns Marker setting fee~~ ..... _____

~~Recording and filing fee~~ ..... _____

Sales taxes ..... _____

PAID
JAN 15 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 104 50

Paid receipt number 34107 104 50

Balance due -0-

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

See attached
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 6394

Acct. # _____

PY-583 (REV. 6-85)

Jan. 14, 1987

Payment in full for Vault instead of the Bell Liner.

Thank you

Freda N. Dickison

8545 - 117 Mission Gorge Rd.

Santee, Ca. 92071

For Trust Fund

of Frances Morgan.

E6394

OFFICIAL RECEIPT

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

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

Sp. 117

No. [redacted]

Date: 01-15 , 19 8[illegible]

From: Theda N. Dickson Address: 8545 Mission Gorge Rd. Santee

One hundred four and 50/100 ——— Dollars ($ 104.50)

In full Payment of Preneed trust deposit

upgrade to TS Vault

Lot 54 Grave ——— Row ——— Section MAS Division Block P

Invoice No. ———

Acct. No. ———

W.O. E6394

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AO-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 77161		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77153		
Pre-Need Trust	83033 9022	104	50
Sales Tax	60101 76390		
TOTAL PAID	$	104	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William H. Thompson in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 1/20 10:00 Church, Chapel, Graveside ; Rogdale Mortuary.

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

✓ Lot 22 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	10.50
Total Due	1305.50
Paid receipt number	
Balance due	

Called by Rogdale

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 052189

Work Order # E 6395

Acct. # 020561

PY-583 (REV. 8-85)

Bill the Estate - See over

Attys. Copeland, Kemp,
Lugar - Pahl
Attn: Beatrice Kemp
2442 - 4th Ave
S.D. Ca. 92101
Ph # 232-5050

Send Creditors Claim

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 THOMPSON	Male	Feb. 19, 1925	Found Jan. 13, 1987

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	Sadie E. Craft 5305 Roswell Street San Diego, CA. 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 5050 Federal Blvd. 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 Martin Luther King Dr.		COUNTY: San 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: JAN 20 1987	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 JAN 20 1987 (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 01-16-87

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

in a Liner (Vault / Liner) Funeral, date, time Thurs 1/20 11:00

Church, Chapel, Graveside ; Eagdale Mortuary.

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

Lot 29 Grave 10 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	
Balance due	

Paid 9-18-87

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.

Blanche Session
Signature of recorded holder of deed

Blanche Session
Signature
2320 Ocean View
Address
State Calif Zip Code 92113
Telephone 2395736

Invoice # 052190

Work Order # E 6396

Acct. # 020562

PY-693 (REV. 8-85)

W.O. NO. _____

NOTE—STRAIGHT

$ 1101 00 San Diego, California, January 20, 1987

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 Eleven hundred one and no/100 DOLLARS,

with interest from Feb. 20, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

_____ x Blanche Session

_____ _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Lee Henry	Female	April 25, 1912	Jan. 13, 1987

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	Blanche Jamar Sessions-Daughter 2820 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, 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 JAN 20 1987
			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 JAN 20 1987 (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

9/18

OFFICIAL RECEIPT

№ 35062

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

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

Date: 9-21, 1987

From: Anderson - Lanshale Address: 5050 Federal Blvd.
One Thousand - one hundred one 00 Dollars ($ 1101.00)

In _____ Payment of Mary L. Henrey Service

Lot 29 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. 052190
Acct. No. 020562
W.O. E-6396
BALANCE DUE 0

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

8441

AC-212 (Rev. 11-86)

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

CITY AUDITOR

ISSUED BY Kendy 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		
Sales Tax	80101 78390		
TOTAL PAID	$	1101	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(D/P) 1974
2nd burial

Date 01-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth W. Hall in a Bell (Vault/Liner) Funeral, date, time Wed. 1/21/87 2:30 ~~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 50 Grave 5 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D-4698 (1974) (D/P) Prepaid

Additional spaces and care fund _____

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee _____

Recording and filing fee 35 00

Sales taxes 6 00

Total Due 606 00

Called by Eddie - PB.

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 # 052191

Work Order # E 6397

Acct. # 019825

PY-883 (REV. 8-86)

- Bill Pacific Beach Mortuary

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 WINIFRED HALL	FEMALE	SEPT. 18, 1914	JAN. 18, 1987

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: JAN 20 1987	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 JAN 21 1987 (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

№ 34149

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

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

Date: 01-30, 1977

From: Pac Beach Mort. Address: 4710 Cass St SD Ca 92109

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

In full Payment of Ruth W. Hall Services

Lot 50 Grave 5 Row Section 1 Division ~~Block~~ 11

Invoice No. 052191

Acct. No. 019825

W.O. E 6397

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 78380	
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

E6397

052191 01/23/87 019825	PACIFIC BEACH MORTUARY				01/30/87 CK	57305	606.00	606.00	0.00
E6397	100	072	77181	000072			320.00		PAID IN FULL
	100	072	77182	000072			100.00		
	100	072	77183	000072			180.00		
	60101		78390				6.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alphonso Le Dunn

in a Double Crypt (Vault/Liner) Funeral, date, time Fri 11 am 1/23rd

Church, Chapel, Graveside Mass at GS ; Goodbody Mortuary.

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

Lot 4928 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund Res – 4929 –	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.50
Sales taxes	19.80
Total Due	1719.80
Paid receipt number 34112 –	100.00
Balance due	1619.80
	1619.80

PAID
FEB 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note

34192

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

x Marsha Dunn
Signature
x 4072 Louisiana, San Diego
Address
x Colie 92104
State Zip Code
x 298-1012
Telephone

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

Signature of recorded holder of deed

Work Order # E 6398

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34112

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

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

Date: Jan 20, 1987

From: Martha R Dunn Address: 4076 La. S.D. 92104

One Hundred and no/100 Dollars ($ 100.00)

In Deposit Payment of on the Interment of A. L. Dunn - Dec -

Lot 4928 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6398

BALANCE DUE 1619.80

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

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

JAN 22 1987

ISSUED BY Georgen Stetter

CREDIT	87007		
20% Sales Cars	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)

OFFICIAL RECEIPT

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

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

Nº 34192

Date: 02-11, 1987

From: Martha Dunn Address: 407 Louisiana, SDCa 92104

Sixteen hundred nineteen and 80/00 — Dollars ($ 1619.80)

In full Payment of Alphonso F. Dunn Services

Lot 4921 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E6398

BALANCE DUE 0

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

FEB 12 1987

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

ISSUED BY B Tang

AC-212 (Rev. 11-86)

CREDIT	57007	139	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1456	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	83033 9022		
Sales Tax	60101 78380	19	80
TOTAL PAID	$	1619	80

0075

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALPHONSO L. DUNN	MALE	APRIL 27, 1912	JANUARY 16, 1987

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	MARTHA DUNN wife 4072 LOUISIANA STREET SAN DIEGO, CALIFORNIA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CITY	CALIFORNIA LICENSE NUMBER
GOODBODY MORTUARY, 5027 EL CAJON BLVD., CA	SAN DIEGO,	F 790

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

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

FOR 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: JAN 21 1987	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 JAN 23 1987 (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.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-87

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

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

Church, Chapel, Graveside Pre need Cadet Sale Mortuary.

All Funeral cars must 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 4929 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund O.K. Double Crypt Space 695.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container none _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

For the use of William Dunn or order / my 3 James Dunn or order / sons. George Dunn or order

Total Due 695.00

Paid receipt number 34272 ✓ 25.00

Balance due 670.00 (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 Martha Dunn
Signature

4072 Larsiona, San Diego
Address

Calif. 92104
State Zip Code

298-1012
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6399

PY-583 (REV. 8-86)

4-7-87	34397 ✓	$670.00
5-6-87	34534 ✓	25.00
6/2/87	34639	645.00
7-2-87	34768	− 25
8-6-87	34901	$620.00
9-9-87	35017	25.00
10-5-87	35096	$595.00
11-12-87	35285	25.00
12-9-87	35402	570.00
		25.00
		$545.00
		25.00
		520.00
		25.00
		495.00
		25.00
		470.00
		25.00
		445.00

OFFICIAL RECEIPT

№ 34272

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

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

Date: 03-06, 1917

From: Martha Dunn Address: 407 Louisiana, SDCA 92104

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed lot

Lot 4939 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E.6399

BALANCE DUE $670.00

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	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. 11-66)

OFFICIAL RECEIPT

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

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

Nº 34397

Date: 04-07 , 19 87

From: Martha Dunn Address: 407 Louisana, SDCa 92103

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed Lot

Lot 4929 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6399

BALANCE DUE $645.00

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 D. Tang

CREDIT	57007		
20% Sales Cars	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 78360		
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 34534

Date: May 6, 1987

From: Martha Dunn Address: 4072 Louisiana SD 92104

Twenty-five dollars and NO/100 Dollars ($ 25.00)

In part Payment of Preneed lot

Lot 1929 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6399

BALANCE DUE 620.00

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

AC-212 (Rev. 11-80)

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

ISSUED BY Dave Downey

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 75390	
TOTAL PAID	$	25 00

Posted

Credit Sale

OFFICIAL RECEIPT

№ 34639

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

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

Date: 6/2/87, 19

From: Martha Dunn Address: S.D.

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Credit Sale — Payment

Lot 4929 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6399

BALANCE DUE 595.00

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

AC-212 (Rev. 11-86) 0059234 [illegible]

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

ISSUED BY [signature]

CREDIT 20% Sales Cars	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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	25.00

Credited Market

OFFICIAL RECEIPT

№ 34768

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

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

Date: 7-2, 1987

From Martha L Rupp Address: 4072 Louisiana, SD

Twenty - five 00/ Dollars ($ 25.00)

In Payment of Credit Lot Sales

Lot 4929 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE 570.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
0057891

AC-212 (Rev. 11-85)

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

ISSUED BY Sandy Ward

CREDIT	87007	
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	83033 9022	
Sales Tax	80101 78390	
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

№ 34901

Date: 8-6, 1987

From: Martha Dunn Address: 4078 Louisiana, San Diego

Twenty-five Dollars Dollars ($ 25.00)

In Payment of Credit Sale - check

Lot 4929 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE # 545.00

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

AC-212 (Rev. 11-86) Money Order 002-00625429

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

ISSUED BY J.O.

CREDIT	67007		
20% Sales Cars	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

No 35017

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

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

From: Martha Quinn Address: 4072 Louisiana, SD. Date: 9-9, 1987

Twenty-five Dollars ($ 25.00)

In Payment of Credit Lot Sale

Lot 4729 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE 520.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0064152

AC-212 (Rev. 11-86)

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

ISSUED BY Linda Ward

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	90101 78380	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

№ 35096

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

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

Date: 10-5 19 87

From: Martha Lopez Address: 4072 Louisiana St 92104

Twenty-five Dollars ($ 25.00)

In Payment of Credit for Sales

Lot 4929 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE 475.00

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

AC-212 (Rev. 11-86) 0065725

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

ISSUED BY Sandy Wood

CREDIT	57007		
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 76390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

№ 35285

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY 004618
264-3151

Date: 11-12 1987

From: Martha Dunn Address: 4072 Louisiana SD 92104

twenty five Dollars ($ 2500)

In _____ Payment of Payment of Credit Lot

Lot 4929 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 470.00

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

AC-212 (Rev. 11-86) 0067127

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

CITY AUDITOR

NOV 17 1987

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100	
Recorders	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
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 35541

Date: 1-8, 19 88

From: Martha Dunn Address: 4072 Louisiana, SD

twenty-five Dollars ($ 25.00)

In Payment of Credit Lot Sale

Lot 1929 Grave Row Section Division / ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE 420.00

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

JAN 13 1988

ISSUED BY Linda L. 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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 76300		
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

№ 35661

Date: 2-4, 19 88

From: Martha Dyer Address: 4572 Louisiana, SD

Twenty-five 10/100 Dollars ($ 25.00)

In Payment of Credit Lot

Lot 4929 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE 375.00

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

FEB 08 1988

ISSUED BY Sandra 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 76390	
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

№ 35824

Date: 3-7- , 19 88

From: Martha Dunn Address: 4072 Louisiana, S.D. CA 92104

Twenty-five dollars and ×/100 Dollars ($ 25.00)

In part Payment of credit sales

Lot 4929 Grave ~ Row ~ Section ~ Division Block 10

Invoice No.

Acct. No.

W.O. E6399

BALANCE DUE 370.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☐
money order 00737435

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 11 1988

ISSUED BY W.J. Teague

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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

№ 35948

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

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

Date: 4-1, 1988

From: Martha Dunn Address: 4072 Louisiana SD

Twenty - five no/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot Sale

Lot 4929 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 345.00

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

AC-212 (Rev. 10-87) 0075201

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

CITY AUDITOR

APR 6 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	—
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	—

OFFICIAL RECEIPT

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

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

№ 35402

Date: 12-9, 1987

From: Martha Dean Address: 4072 Louisiana, SD

Twenty-five Dollars ($ 25.00)

In _____ Payment of Credit Lot Sale

Lot 4929 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 445.00

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
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

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36099

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

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

Date: 5-4, 1988

From: Martha Dunn Address: 4072 Louisiana, SD

Twenty-five na/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot Sale

Lot 4928 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 320.00

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

0076885

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 06 1988

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
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

№ 36235

Date: 6-2, 19 88

From: Martha Dunn Address: 4072 Louisiana, SD

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot Sale

Lot 4928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 295.00

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

AC-212 (Rev. 10-87) 00779461

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

CITY AUDITOR
JUN 7 1988

ISSUED BY Sandra L. [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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
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 36351

Date: 7-1, 19 88

From: Martha Dunn Address:

Twenty-five no/100 Dollars ($ 25.00)

In Payment of

Lot 1928 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6349

BALANCE DUE 270.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
602-0603283

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Wood

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
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

№ 36466

Date: 8/1, 1988

From: Martha Dunn Address: 4072 Louisiana
S.D. 92104 Dollars ($ 25.00)

In Pp. Payment of Alphonso L. Dunn

Lot 4948 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 63/99

BALANCE DUE $ 245.00

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

CREDIT	87007		
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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	—

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

№ 36610

Date: 9-1, 1988

From: Martha Dunn Address:

twenty-five Dollars ($ 25.00)

In _____ Payment of Credit Lot

Lot 4928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 220.00

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

00832145

AC-212 (Rev. 10-87)

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	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

OFFICIAL RECEIPT

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

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

No 36776

Date: 10-5 19 88

From: Martha Jones Address: 4012 Louisiana St

Twenty-five Dollars ($ 25.00)

In Payment of Grave Lot

Lot 4926 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-6379

BALANCE DUE 195.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-Need Trust ☐ Cash ☐ Check ☒
00642871

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Lynda 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

OFFICIAL RECEIPT

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

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

№ 36901

Date: 11-3 1988

From: Martha Dunn Address: 4072 Louisiana, SD 92104

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

In ____ Payment of Credit Lot Payment

Lot 4928 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-6399

BALANCE DUE 170.00

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

AC-212 (Rev. 10-87) 00856391

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

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra 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	83033 90022		
Sales Tax	80101 78300		
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

№ 37033

Date: 12-5 , 19 88

From: Martha Dunn Address: 4092 Louisiana, SD

Twenty-five 25/100 — Dollars ($ 25.00)

In Payment of Cremation Lot

Lot 4928 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6397

BALANCE DUE 145 00

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

AC-212 (Rev. 10-87) 00493264

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Sandra 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 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

№ 37152

Date: 1-3 19 89

From: Martha Dean Address: 4012 Louisiana, San Diego

Twenty - five no/100 Dollars ($ 25.00)

In Payment of Credit Lot

Lot 4928 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6399

BALANCE DUE 120.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
0089450

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Wade

CREDIT	57007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	6	00
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78360		
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

№ 37298

Date: 2-2, 19 89

From: Martha Dunn Address:

Twenty Four Dollars ($ 25.00)

In Payment of Credit Lot

Lot 4928 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6379

BALANCE DUE 25.00

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

AC-212 (Rev. 10-87) 0090876

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

CITY AUDITOR
FEB 10 1989

ISSUED BY Linda Ward

CREDIT	57007		
20% Sales Care	77154		
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	80101 78390		
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

№ 37410

Date: 3-1, 1989

From: Martha Dunn Address: 4072 Louisiana, SD

Twenty-five Dollars ($ 25.00)

In _____ Payment of Credit Lot

Lot 4928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-6399

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.

CITY AUDITOR
MAR 06 1989

ISSUED BY Linda Ward

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 10-87)

TY AUDITOR

OFFICIAL RECEIPT

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

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

APR 07 1989

№ 37596

Date: 4-4, 1989

From: Martha Dunn Address: 4072 Louisiana, SD 92104

twenty-five no 1100 Dollars ($ 25.00)

In _____ Payment of Credit Lot Sale

Lot 4928 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 45.00

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

002-0894835

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea Ward

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
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

№ 37759

Date: 5-4, 1989

From: Martha Dunn Address: 4072 Louisiana St. SD

Twenty-five 00/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot

Lot 4928 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6399

BALANCE DUE 20.00

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 Vaid

CREDIT	67007	25.00
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	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87)

NAME DUNN, MARTHA R. ACCT. NO. E-6399

ADDRESS 4072 Louisiana, San Diego, Ca 92104 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jan 20 87	Lot 4928, Division 10	695 00		250 00	445 00
1-[redacted] 88	Receipt 35541			25 00	420 00
2-4 88	Receipt # 35666			25 00	395 00
3-7 88	Receipt # 35824			25 00	370 00
4-1 88	Receipt # 35948			25 00	345 00
5-3 88	Receipt # 36099			25 00	320 00
6-2 88	Receipt # 36238			25 00	295 00
7-1 88	Receipt # 36351			25 00	270 00
8-5 88	Receipt # 36466			25 00	245 00
9-1 88	Receipt # 36610			25 00	220 00
10-5 88	Receipt # 36776			25 00	195 00
11-3 88	Receipt # 36901			25 00	170 00
12-5 88	Receipt # 37033			25 00	145 00
1-3 88	Receipt # 37152			25 00	120 00
2-2 89	Receipt # 37298			25 00	95 00
3-[redacted] 89	Receipt # 37410			25 00	70 00
4-4 89	Receipt # 37596			25 00	45 00
5-4 89	Receipt # 37759			25 00	20 00
6-7 89	Receipt # 37897			20 00	00

AIGNER FORM NO. 25-204 DUNN, MARTHA R. 4928 - 10 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 37897

Date 6-2 19 89

From Martha Dews Address 4072 Louisiana, SD 92104

Twenty 20/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 4728 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. 2-6397

BALANCE DUE Paid in full

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
002 0096872

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

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	60101 78390		
TOTAL PAID	$	20	00

Cremains to arrive by Thursday

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-20-87

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

In a Oak Vault (Vault/Liner) Funeral, date, time Sat. 1/24 11:00

Church, Chapel, Graveside : Family Mortuary.

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

Lot 143 Grave ____ Row ____ Section 4 Division/Block 6

Grave space & Care Fund C-3361 (1966)	Renewed
~~Additional spaces and care fund~~ Saturday O.T.	190 00
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	432 40
Paid receipt number 34133	432 40
Balance due	0

PAID
JAN 26 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Called by
Jerry Hay
Signature
9340 La Alba Dr
Address
Whittier Ca 90603
City Zip Code
(213) 947-6182
Telephone

Invoice # ____

Work Order # E 6400

Acct. # ____

PY-593 (REV. 8-85)

Will pay on Saturday

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hoarse Russell Hay	Male	Jan.21, 1903	Jan.18,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Whittier	Los Angeles	Jerry Hay - Son 9340 La Alba Dr. Whittier, Ca. 90605

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
White-Emerson Mortuary	217

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Loma Vista Crematory, Fullerton, Ca	DATE CREMATED 1-20-1987	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 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 JAN 27 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-23-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Roger 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert P. Martin

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

№ 34133

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

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

Date: Jan 24, 1987

From: Jerry Hay Address: Whittier Ca 90603

Four Hundred Thirty two and 40/100 Dollars ($ 432 40/2)

In full Payment of Inurnment fees Horace Hay - Dec

Lot 143 Grave — Row — Section 4 Division ~~Block~~ 6

Invoice No. —

Acct. No. —

W.O. E6400

BALANCE DUE —

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

AC-212 (Rev. 11-86) 517

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

JAN 3 8 1987

ISSUED BY George Stetts

CREDIT	67007		
20% Sales Care	77184		
~~[illegible]~~ 5L	~~100~~ ~~77184~~	190	00
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	63633 9022		
Sales Tax	60101 78380	2	40
TOTAL PAID	$	432	40

1017.46

-Need 12 chairs-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger [illegible] Lee Thomas

in a Ring Liner (Auto liner) Funeral, date, time Thurs 1/22. 1:00

Church, Chapel, Graveside _____ ; 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.

Lot 50 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Special - next to	395.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	161.46
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1017.46
Paid receipt number	
Balance due	

Bill to State Crimi

I hereby certify I am the Uncle of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 L. Thomas
Signature

2016 Daisy Pl.
Address

Calif 92114
State Zip Code

470 0310
Telephone

Invoice # 052192

Acct. # 016682

Work Order # E 6401

PY-593 (REV. 8-85)

E 06401

SECTION 8 — AUTHORIZATION TO OBTAIN INFORMATION

APPLICANT'S NAME (PRINT)	MEDI-CAL NO.	VICTIM'S NAME(S) (PRINT)	MEDI-CAL NO.
LARRY Thomas	MEDICARE NO.	ROGER LEE Thomas	MEDICARE NO.

Pursuant to Section 13959 et seq., California Government Code — Aid to Victims of Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the State Board of Control, or their representatives, to examine this application and all employment, funeral/burial, or medical records, including diagnosis, prognosis, or evaluations, necessary for the verification of those losses claimed; and records of all sources of recovery pertaining to losses claimed, including but not limited to governmental or private unemployment and disability insurance, donations, Social Security benefits, Veterans Administration benefits, and governmental or private health or hospital/medical insurance benefits.

I further authorize the examination of all Federal and State tax data and/or tax returns which I provide for income verification purposes, and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release, as being as valid as the original.

L Thomas — Applicant Signature

1-20-87 — Date Signed

SECTION 9 — AUTHORIZATION & ASSIGNMENT TO PAY BENEFITS TO PROVIDERS OF SERVICE

APPLICANT'S NAME (PRINT)	VICTIM'S NAME(S) (PRINT)
LARRY Thomas	ROGER LEE THOMAS

I hereby authorize and assign payment directly to any medical and/or funeral/burial provider of services described within this claim, should reimbursement or payment of these service be approved by the State Board of Control.

The execution of the assignment of benefits does not guarantee payment by the State Board of Control to the applicant or the provider of services.

L Thomas — Applicant Signature

1-20-87 — Date Signed

SECTION 10 — CLAIMANT'S REPRESENTATIVE INFORMATION

NAME	NAME OF FIRM OR ORGANIZATION	PHONE NUMBER
JULIA H. HOLLY	SAN DIEGO Victim Witness Assistance	(619) 236-7664

ADDRESS STREET	CITY	STATE	ZIP CODE
P.O. Box X1011	SAN DIEGO	CA	92112-4192

86 96193

PERMIT FO[illegible]POSITION OF H[illegible]N REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6401

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROGER LEE THOMAS	Male	12-12-1961	01-14-1987

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	Larry C. Thomas (Uncle) 6016 [illegible]isy Place San Diego, CA 92114

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 JAN 20 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [illegible] M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1987 (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 01-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnes A. Miller in a TS Vault (Vault/Liner) Funeral, date, time Thurs. 1/22 10:00 Church, Chapel, Graveside ; Paris-Fred Mortuary.

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

Lot 140 Grave 4 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D-5768 (1975)	Prenced
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 34129	710.50
Balance due	-0-

PAID
JAN 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ck 707

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6402

Acct. # ____

PY-503 (REV. 6-86)

Mortuary to bring check.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6402

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Agnes Ann Miller	Female	Sept. 19, 1912	Jan. 19, 1987

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	Jane Hamilton - Daughter 1129 Marline Ave. El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary, 374 No. Magnolia Ave. El Cajon, CA	795

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, 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: JAN 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cassel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1987 (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

E6402 Nº 34129

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: Jane C. Hamilton Address: 1129 Marlin, El Cajon 9202

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

In full Payment of Agnes A. Miller Services

Lot 140 Grave 4 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E6402

BALANCE DUE 0

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

JAN 26 1987

CREDIT	67007		
25% Sales Care	77184		
75% Sales of Lots	100 77184		
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	68033 9022		
Sales Tax	90101 78300	10	50
TOTAL PAID	$	710	50

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

ISSUED BY L. Tang

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

VOID

Date Jan 20, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wesley a. Fields

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 2 PM - 1-22

Church, Chapel, Graveside Chapel - HB. ; 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 30 Grave 5 Row ~~O~~ Section One Division/~~Block~~ Ten

Grave space & Care Fund	Space & Care - 495.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	County Bell Liner 100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
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 _____

VOID

Invoice # _____

Work Order # E 6403

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No services

Date 01-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna E. Hayward &

in a Asw Vault (Vault/Liner) Funeral, date, time Tues 9:30 AM

~~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 7 Grave 12 Row ____ Section MAS Division/~~Block~~ P

Grave space & Care Fund D-9789 (1907) 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

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

Center lot
see (over)

Total Due 242.40

Paid receipt number 34111 242.40

Balance due -0-

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

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

Jacqueline B. Wright
Signature of recorded holder of deed

Jacqueline B. Wright
Signature
11315 Peppy Dr #88
Address
El Cajon Ca 92021
State Zip Code
579-1573
Telephone

Invoice # ____

Work Order # E 6404

Acct. # ____

PY-503 (REV. 8-86)

Walter A. Hayward
@ head of grave (1978)

3 more cremains
to be placed including
Edna E. Hayward.

Edna - Center left
Dorothy - Center right
Jacqueline Wright - front

E4404

MOUNT HOPE CEMETERY

10 - 10 - 1972

The undersigned hereby requests and authorizes the interment of the Cremated remains of Edna E. Hayward in Lot 7 Gr 12 Row — Sec. MAS Block Division P 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.

Edna E. Hayward — 3591 - Bancroft St.

Signature of relative or legal representative

Grand - daughter.

Address & relationship to deceased or authority to sign authorization

D O'Phillips

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6404

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edna E. Hayward	Female	Aug 2, 1901	Jan. 19, 1987

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	Jacqueline Wright-Daughter 1315 Pepper Drive, #88 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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Hoppe 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: JAN 28 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Robert Garcia
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: JAN 22 1987	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: JAN 27 1987 (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

OFFICIAL RECEIPT

№ 34111

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

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

#88

Date: 01-20, 1987

From: Jacqueline B. Wright Address: 1215 Pepper Dr., El Cajon, Ca 92021

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

In full Payment of Edna E. Hayward Services

Lot 7 Grave 12 Row ____ Section MHS Division Block P

Invoice No. ____

Acct. No. ____

W.O. E6404

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 22 1987

ISSUED BY B. Lang

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 77182	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 20, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wesley A. Fields

in a top Seal Vault (Vault/Liner) Funeral, date, time Thur-2 P.M. Jan 22nd

Church, Chapel, Graveside Chapel + 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 30 Grave 5 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..Single Burial	495 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	3.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 34114	850.00
Balance due	355-50

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 Evelyn G. Rowe (Signature)
X 309 South 33rd St (Address)
X San Diego Ca. 92113 (State, Zip Code)
X 235-9672 (Telephone)

Invoice # 052925

Work Order # E 6405

Acct. # 020801

PY-593 (REV. 8-85)

E16405

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wesley Admiral Fields	Male	January 18, 1899	Jan. 18, 1987

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	Evelyn G. Rowe - Daughter 809 S. 33rd St. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 3520 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: JAN 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-22-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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.

OFFICIAL RECEIPT

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

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

No 34114

Date: Jan 20, 19 87

From: Evelyn D. Rowe Address: 809 South 33rd St S.D

Eight hundred fifty dollars and No/100 Dollars ($ 850.00)

In part Payment of Wesley A. Fields

Lot 30 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6405

BALANCE DUE $355.50

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 22 1987

ISSUED BY Dave Lowney

CREDIT	97007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63053 9022		
Sales Tax	80101 79380		
TOTAL PAID		$ 850	00

cash of $850.00

OFFICIAL RECEIPT

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

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

E6405

Nº 34238

Date: 02-25, 19 2

From: Evelyn L. Howe Address: 809 So. 32nd St. SD Ca 92113

Three hundred sixty five and 50/100 Dollars ($ 365.50)

In Full Payment of Utility A. Trust Invoice

Lot 30 Grave 5 Row Section 1 Division Block 12

Invoice No. 052925

Acct. No. 020801

W.O. E6405

BALANCE DUE 0

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

AC-212 (Rev. 11-86)

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

CITY AUDITOR
MAR 5 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		1
Burial Containers	100 77162		
Handling Fee	100 77163		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	365	50

E6405

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/05/87

DATE: 03/05/87
TIME: 230757
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
052925	02/11/87	020801	EVELYN G. ROWE					02/25/87	CK	555	355.50	355.50	0.00
	E6405		100	072		77182	000072				175.00		PAID IN FULL
			100	072		77193	000072				170.00		
			60101			78390					10.50		

Set up 10 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-20-87

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

of Maria Marino

in a TS Vault (Vault or Liner) Funeral, date, time Wed 3/4 11:00

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 9 Grave 5 Row ——— Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	10.50
Total Due	1305 50
Paid receipt number 34113	1305 50
Balance due	-0-

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

I hereby certify I am the Mother-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.

Armando R Magdaleno
Signature of recorded Holder of deed

Armando R Magdaleno
Signature
3745 - Lindbergh
Address
Calif 9215-4
State Zip Code
Calif 424-9878
Telephone

Work Order # E 6406 ✓

Invoice # ———

Acct. # ———

PY-663 (REV. 8-85)

OFFICIAL RECEIPT

Nº 34113

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

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

Date: 01-20, 1987

From: Armando R. Magdaleno Address: 3745 Lindbergh St. San Diego, Ca. 92154

Thirteen hundred five and 50/100 — Dollars ($ 1305.50)

In Full Payment of Maria Marino services

Lot 9 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6406

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.

JAN 22 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	119	00
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	65033 8022		
Sales Tax	60101 76360	10	50
TOTAL PAID	$	1305	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E64406

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIA GABRIELA MARINO	FEMALE	3/17/1901	3/1/1987

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	MRS. ARMANDO MAGDALENO, DAUGHTER 3745 LINDBERGH STREET SAN DIEGO, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY, 888 15TH 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: 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: MAR 2 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Remal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 4 1987 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DIP
Top

McCune

Date Jan 20, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of McCune Myrtle T

in a liner (Vault/Liner) Funeral date, time Fri 1PM - 1-23

Church (Chapel) Graveside Chapel/Graveside Lewis Co Mortuary.

All Funeral cars must 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 33 Grave 12 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Paid Prepaid .....

Additional spaces and care fund ..... none .....

Opening/Closing & Setup ..... Pre Paid .....

Burial Container ..... Prepaid .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales tax .....

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

Total Due 35.00

Paid receipt number 34115 35.00

Balance due 0

Daughter _____ of the above named decedent and this is your authorization for disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 M. Eleanor Standley
Signature
3569 Monroe Ave.,
Address
San Diego, Ca. 92116
State Zip Code
284-0191
Telephone

Work Order # E 6407

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6407

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MYRTLE L. McCUNE	female	Dec 29, 1901	Jan 17, 1987

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... by pre-arrangement

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 (3751 Market St.)		COUNTY: San 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: JAN 20 1987 / SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-23-87 (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

№ 34115

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

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

Date: Jan 20, 1987

From: Eleanor Standley Address: S.D.

Thirty five Dollars ($ 35.00)

In full Payment of Interment Myrtle L. McCune - Dec

Lot 33 Grave 12 Row 2 Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-6407

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) 726

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

JAN 22 1987

ISSUED BY [signature]

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 78380	—
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 20, 1987

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

in a liner (Vault/Liner) Funeral, date, time Wed Jan 21, '87 2 P.M.

~~Church, Chapel;~~ Graveside Graveside ; Berg-Roberts Mortuary.

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

Lot 111 Grave 12 Row ~~75~~ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	D-8738 (1977)	Pre-need
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		
	Due	35.00
Paid receipt number	34124	35.00
	Balance due	-0-

PAID
JAN 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Denise

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Lsw

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 6408

Acct. # _____

PY-593 (REV. 8-85)

Will bring Check

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6408

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLAUDE L. JONES	Male	OCT. 22, 1896	JAN. 13, 1987

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	Pre-Need Records 607 National City Blvd. National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERCK-ROBERTS MORTUARY 607 National 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 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: JAN 21 1987	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 JAN 21 1987 (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

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

№ 34124

Date: Jan 21, 1987

From: Berge-Roberts Mortuary Address: N.C. Ca 92054

Three hundred Dollars ($ 35.00)

In full Payment of Interment Fees for Claude L. Jones - Dec
Recording

Lot 111 Grave 12 Row 2 Section 3 Division 12

Invoice No.

Acct. No.

W.O. E-6408

BALANCE DUE Ø

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

AC-212 (Rev. 11-86) 9026

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

JAN 2 8 1987

ISSUED BY Georgene 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	35 00
Pre-Need Trust	65039 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-20-87

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

in a Bell (Vault/Liner) Funeral, date, time Wed. 1/21 11:00

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 NO.

Lot 18 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 34120	856.00
Balance due	0

PAID
JAN 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called @ 4:00 1-20-87

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.

Brother Iowa Jordan

x Iowa Jordan
Signature

4760 Cereza St
Address

S.D. Ca 92102
State Zip Code

262-9007
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 6409

PY-503 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6409

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lacy Jordan	Male	Jan. 26, 1904	Jan. 14, 1987

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	Iowey Jordan - Brother 4760 Cereza Street 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 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 Harbet 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: JAN 21 1987 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 JAN 21 1987 (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

№ 34120

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

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

Date: Jan 21, 1987

From: Toway Jordan Address: S.D. 92102

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

In full Payment of Interment of Lacy Jordan-dec

Lot 18 Grave 7 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6409

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) 1178

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

JAN 22 1987

ISSUED BY Scoyen Stetter

CREDIT 20% Sales Care	67007 77164	50	00
80% Sales of Lots	100 77164	200	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	69033 9022	—	—
Sales Tax	80101 78380	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La Vennia Patrick

in a Bell Liner (Vault/Liner) Funeral, date, time 11Am - Thr - 22

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 26 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund (Res Sp 25 @ 25.00 mo)	
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	$1201.00
Paid receipt number 34126	595.00
Balance due	$606.00

Ragsdale - grave
Family - Service fees

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 052926

Acct. # 020802

Work Order # E 6410

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6410

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lavenia Patrick	Female	April 1, 1908	Jan. 17, 1987

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 Patrick, Jr. - Son 3003 Plato Drive San Diego, CA 92139

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 3020 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: JAN 22 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mhm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1987 (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
284-3151

E6410

Nº 34126

Date: 01-22 , 19 87

From: Tyrone N. Brown Address: 1746 Euclid Ave Ca 92102

Five hundred ninety five and no/100 Dollars ($ 595 00)

In part Payment of Graveside Patriotic Services

Lot 26 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 6410

BALANCE DUE $ 606 00

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

JAN 2 8 1987

CREDIT	87007	119	00
20% Sales Cars	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9002		
Sales Tax	80101 76360		
TOTAL PAID	$	595	00

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

ISSUED BY B. Lang

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

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

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

E6410

№ 34234

Date: 2/24/87, 19

From: Ted Patrick Jr. Address: S.D.

Four Hundred Dollars 00/100 Dollars ($ 400.00)

In Part Payment of on account of Lavennia burial -

Lot 26 Grave — Row — Section — Division Block 10

Invoice No. 052926

Acct. No. 020802

W.O. E-6410

BALANCE DUE $206.00

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 12 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	60035 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400.00

AC-212 (Rev. 11-86)

E6410

052926	02/11/87	020802	TED PATRICK, JR			02/24/87	CA	E6410	400.00	606.00	200.00
			100	072	77181	000072			211.22		PARTIAL PAYMENT
			100	072	77182	000072			66.01		
			100	072	77183	000072			118.81		
			60101		78390				3.96		

04/23/87 Nº 34472

OFFICIAL RECEIPT

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

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

Date: 4/22, 1987

From: Ted Patrick Jr Address: 3003 Plato Dr. SD-92139

Two Hundred Six and 00/100 Dollars ($ 206.00)

In full Payment of Interment of Lavennea Patrick-De

Lot 26 Grave — Row — Section — Division — Block 10

Invoice No. #052926

Acct. No. 029802

W.O. E-6410

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 103

AC-212 (Rev. 11-86)

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

ISSUED BY Joyce Stelter

CREDIT		
20% Sales Cars	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 78360	
TOTAL PAID	$	206 00

E6410

052926 02/11/87 020802 TED PATRICK, JR 04/22/87 CK 103 606.00 0.00

100	072	77181	000072	206.00	
100	072	77182	000072	108.78	PAID IN FULL
100	072	77183	000072	33.99	
60101		78390		61.19	
				2.04	

E6410

unt Hope

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 395.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-21-87

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

in a Bell liner (Vault/Liner) Funeral, date, time Fri 1/23/87 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 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 34121	856 00
Balance due	-0-

PAID
JAN 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Georgia H. Singletary
Signature of recorded holder of deed

Georgia H. Singletary
Signature
1241 NW 2nd St.
Address
Riviera Bch Fla 33404
State Zip Code
305 848-2379
Telephone

Work Order # E 6411

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6411

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALBERT WILSON	Male	Dec. 21, 1916	Jan. 17, 1987

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	Georgia Singletary - Sister 1241 West 2nd Street Riviera Beach, Florida 33404

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, Calif.	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; 5050 Federal Blvd.; 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: JAN 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-23-87 (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

№ 34121

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

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

(33404)

Date: 01-21, 1987

From: Georgia A. Singletary Address: 1241 W. 2nd St. Rivera Br. Fla.

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

In full Payment of Albert Wilson services

Lot 41 Grave 9 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E 6411

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.

006838

JAN 2 6

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Customers	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 76390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederick Myrwood Nicholas (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 2:10 AM

Church, Chapel, Graveside Upon delivery: Humphrey 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 ____ .

Lot 174 Grave 2 Row ____ Section ____ Division/Block (3) 1

Grave space & Care Fund ... D-641 (1930) ... Prepaid

Additional spaces and care fund ... ____

Opening/Closing & Setup ... 105 00

Burial Container ... 40 00

Handling Fees ... 60 00

Flower vases - Marker setting fe ... ____

Recording and filing fee ... 35 00

Sales taxes ... 2.40

Total Due ... 242.40

Paid receipt number 34136 242.40

Balance due -0-

PAID
JAN 26 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Dee H. Nicholls
Signature of recorded holder of deed

Dee H. Nicholls
Signature
521 Arbor Dr.
Address
San Diego Ca. 92103
State Zip Code
296-0496
Telephone

Invoice # ____

Work Order # E 6412

PY-663 (REV. 8-85)

Acct. # Notified

Notify family when completed 2/10/87

E 6412

MOUNT HOPE CEMETERY

July 30 19 71

The undersigned hereby requests and authorizes the interment of the ~~remains~~ Cremated remains of F. Myrwood Nicholls in Lot ~~175~~ 174 Gr 2 Row ____ Sec. 3 Block ____ Division 1 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

F. Myrwood Nicholls — 521 Arbor Dr. S.D. 92106

Signature of relative or legal representative

Address & relationship to lot owner and/or authority to sign authorization

K Wells
Witness

Son of original Lot owner

Witness

OFFICIAL RECEIPT

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

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

E6412

№ 34136

Date: 01-26, 1987

From: Dee H. Nichells Address: 521 Arbor Dr. SD Ca 92103

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

In full Payment of Frederick Maywood Nichells Services

Lot 174 Grave 2 Row _____ Section _____ Division 3 Block 1

Invoice No. _____

Acct. No. _____

W.O. E6412

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 30 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	165.00
Burial Containers	100 77182	40.00
Handling Fee	100 77183	6.00
Recording & Misc. Fees	100 77183	25.00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	2.40
TOTAL PAID	$	242.40

AC-212 (Rev. 11-86)

E6412

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES — REVISED

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FREDERICK MYRWOOD NICHOLLS	Male	01-11-1898	01-19-1987

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	Dee H. Nicholls (Sister) 521 Arbor Drive San Diego, CA 92103

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: Angeles Abbey 1515 E. Compton Blvd Compton, CA	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: JAN 28 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powell, M.D. CD
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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 01-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie F. Rogers in a Bell Vault/Liner Funeral, date, time Mon. 1/26 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 88 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	100 00
Handling Fees	145 00
Flower vases - ~~Marker setting fee~~	15.60
Recording and filing fee	35 00
Sales taxes	6.30
Total Due	871.90
Paid receipt number 34128	871.90
Balance due	-0-

PAID
JAN 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Peter Kulish
Signature
1245 California #105
Address
San Francisco 94109
State Zip Code
415-885-4285
Telephone

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

Peter Kulish
Signature of recorded holder of deed

Work Order # E 6413

Invoice # ____

Acct. # ____

PY-693 (REV. 9-85)

Peter Kulish

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6413

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Katie F. Rogers	Female	May 1, 1916	Jan. 19,1987

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	Peter Kuliah - Nephew 1245 California #105 San Francisco, CA. 94109

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 H 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 JAN 23 1987	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 1-26-87 (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

E6413

№ 34128

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

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

94109

Date: 01-22, 1987

From: Peter J. Kulish Address: 1545 Calif. St San Francisco Ca

Eight hundred seventy one and 90/100 Dollars ($ 871.90)

In full Payment of Katie F. Rogers services

Lot 88 Grave 12 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E6413

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 26 1987

ISSUED BY B. Lang

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	165	00
Handling Fee	100 77183	155	60
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76380	6	30
TOTAL PAID	$	871	90

AC-212 (Rev. 11-85)

No set up - but family will witness burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Jane Knight

in a Bell (Vault/Liner) Funeral, date, time Mon 1/26 2:00

~~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 _____ .

Lot 66 Grave 8 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund C-6111 (1968) ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup D-5486 (1975) .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

PAID
JAN 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34132 35.00

Balance due -0-

Called by Sharon @ Humphrey'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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6414

PY-593 (REV. 8-85)

E: 264-3151 | P. | AMOUN | 20.00 | 80.00 | 4.80 | 04.80

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

№ 22098

DATE 2-6- 1975

FROM Emma J. Knight ADDRESS 1729 Fern, San Diego, Ca.

Two hundred Four & 80/100 DOLLARS ($ 204.80)

IN full PAYMENT OF Pre-need opening/closing and Pre-need cement liner charges for

LOT 66 GRAVE 8 ROW SECTION 17 DIVISION 7

INVOICE NO. CASH

W.O. D-5486

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC-212

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

PAID
FEB 6 1975
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D O Phillips

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	120 00
BOXES	100 7782	84 80
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		204 80

E6414

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
1/20/1975	

TO: Emma J. Knight
1729 Fern St.,
San Diego, Ca. 92102

DESCRIPTION OF CHARGE	AMOUNT
Lot 66 Gr 8 Sec 17 Div 7	
Interment charge (opening/closing)	$ 120.00
Cement burial liner	80.00
Sales tax	4.80
	$ 204.80

E 6414

PAID
FEB 6 1975
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

FORM PR-955 (10/64)

23458
ID TAG NO.

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

E6414

CERTIFICATE OF DEATH

Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

DECEASED — NAME (First / Middle / Last) 1 Emma Jane KNIGHT			DATE OF DEATH (month, day, year) 2 JANUARY 22, 1987
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 FEMALE	AGE — Last birthday (years) 5a 90	Under 1 year: mos. 5b days; Under 1 day: hours 5c min. — DATE OF BIRTH (month, day, year) 6 MAY 24, 1896
CITY, TOWN OR LOCATION OF DEATH 7a Portland	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 7b Pennellhurst Nursing Home	IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c INPATIENT	COUNTY OF DEATH 7d Multnomah
STATE OF BIRTH (If not in U.S.A., name country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 United States	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 WIDOWED	SPOUSE (IF MARRIED, WIDOWED) 11 Merle — WAS DECEDENT EVER IN ARMED FORCES? (specify) 12 No
SOCIAL SECURITY NUMBER 13 355-12-5229	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Organist	KIND OF BUSINESS OR INDUSTRY 14b Movie Theaters	
RESIDENCE — STATE 15a Oregon	COUNTY 15b Multnomah	CITY, TOWN OR LOCATION 15c Portland	STREET AND NUMBER OR R.F.D. 15d 1033 S.E. Soleate ZIP 97236 — Inside C (specify) 15e
FATHER — NAME first middle last 16 William A. Whelen	MOTHER — first middle last (Maiden Name) 17 Sarah A. Lee	INFORMANT — NAME and relationship to deceased 18 Barbara Cronise Grand-d	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a REMOVAL	CEMETERY OR CREMATORY — NAME 19b Mt. Hope Cemetery	LOCATION city or town 19c San Diego, California	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a	NAME AND ADDRESS OF FACILITY 20b Bateman Funeral Chapel, Inc. P O Box 407, Gresham, Oregon 97030		
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 2000 M	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d Martha Gail, D.O. 4180 S.E. Division, Portland, Oregon 97202		ZIP:	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			

AUTHORIZATION FOR FINAL DISPOSITION — CEMETERY OR CREMATORY COPY

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 CERTIFI CATE HAVING BEEN COMPLETED AS REQUIRED BY THE 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.

THIS COPY TO BE RETAINED BY THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION

ID Tag No. 23458

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

E6414

ALTERNATIVE
AUTHORIZATION FOR FINAL DISPOSITION

THIS FORM WHEN SIGNED BELOW BY THE FUNERAL SERVICE LICENSEE AND OR THE COUNTY REGISTRAR SHALL SERVE AS A DISPOSAL/TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON.

DECEASED: Emma Jane Knight DATE OF DEATH: January 23, 1987

PLACE OF DEATH: Powellhurst Health Care Cntr FUNERAL HOME: Bateman Funeral Chapel, Inc.

I HAVE CONTACTED DR. Martha Gail AND THE DOCTOR HAS AGREED TO SIGN A CERTIFICATION OF THE CAUSE OF DEATH AS SOON AS POSSIBLE. THIS ALLOWS FINAL DISPOSITION AS PRESCRIBED BY THE FAMILY.

TIME: 1:45 P.M. DATE: January 23, 1987

SIGNATURE: [signature]
FUNERAL SERVICE LICENSEE AND OR COUNTY REGISTRAR

FINAL DISPOSITION WILL BE: ☐ CREMATION ☒ SHIP OUT ☐ BURIAL DATE: January 24, 1987

FAMILY MEMBER: Barbara Cronise RELATIONSHIP: Grand-daughter
SIGNATURE (optional)

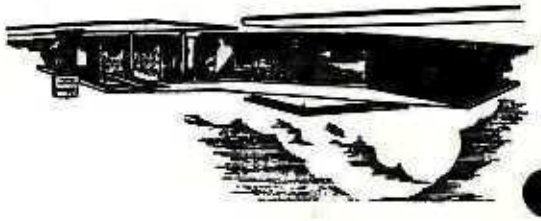
SEXTON: [signature]
SIGNATURE

MOUNT HOPE CEMETERY
3751 MARTIN L. KING WAY
(FORMERLY MARKET STREET)
SAN DIEGO, CA 92102

THE FUNERAL DIRECTOR OR CEMETERY/CREMATORY AUTHORITY SHALL RETURN THIS FORM TO THE COUNTY REGISTRAR IN THE COUNTY WHERE DEATH OCCURRED AT THE CLOSE OF EACH MONTH.

BATEMAN FUNERAL CHAPEL, INC.
520 W. Powell Blvd.
P.O. Box 407
Gresham, Oregon 97030

Bateman Funeral Chapel, Inc.
Funeral Home · Crematory
520 West Powell
P.O. Box 407
GRESHAM, OREGON 97030



PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES E6414

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EMMA JANE KNIGHT	Female	05-24-1896	01-28-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Gresham	Oregon	Carol I. Roelle(Dtr-in-law) 3235 Jappa Avenue San Diego, CA 92117

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 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: JAN 26 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Parmer, M.D. Co.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-26-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Roger 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		

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

Ck # 0620 in amt of 35.00
Carol J Roelle

OFFICIAL RECEIPT

No 34132

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

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

Ph. 272-2744

Date: Jan 23, 1987

From: Carol Roelle Address: 3235 Jappa Ave S.D 92117

Thirty five Dollars and No Cts Dollars ($ 35.00)

In full Payment of Recording fee for Emma J. Knight services

Lot 66 Grave 8 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6414

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.

JAN 30 1987

ISSUED BY D. Lowney

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	35 00
Pre-Need Trust	63035 9022	
Sales Tax	80101 78360	
TOTAL PAID	$	35 00

OFFICIAL RECEIPT

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

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

E6414

Nº 35208

Date: 10-26, 1987

From: Lola Wright Address: 10602 Fulton Rd

Dollars ($ 15.90)

In Payment of Flowers Rose for Lola Wright

Lot 87 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6414

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 Cindy Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77183	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76300		30
TOTAL PAID	$	15	90

(DIP)
2nd burial
no chairs but Witnesses

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Merle V. Glasser

in a Bell liner (Vault/Liner) Funeral, date, time Tues 1/27 2:30

Church, Chapel, Graveside No services ; 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 68 Grave 9 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund D-5235 (1974)	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 34140	606.00
Balance due	0

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by PB

Will need help 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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6415

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6415

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MERLE VOLZ GLASSER	FEMALE	SEPT. 16, 1899	JAN. 23, 1987

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: JAN 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Rowe M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 27 1987 (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.

E6415 № 34140

OFFICIAL RECEIPT

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

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

Date: 01-27, 1987

From: Mission Bay Chapel & Pac. Beach Mort. Address: 4710 Cass St. & 1010 Garnet

Six Hundred and no/00 Dollars ($ 606.00)

In Full Payment of Mike V. Glass Services

Lot 68 Grave 9 Row Section 16 Division 7

Invoice No.

Acct. No.

W.O. E6415

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.

JAN 30 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	200	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	65033 9022		
Sales Tax	80101 78360	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2nd burial Double Crypt.

Date 01-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Lee Walker

in a _____ Funeral, date, time Fri - 2PM. - 1/30

Vault/Liner

Church, Chapel, Graveside Chapel + GS1 : 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 37 Grave 12 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund E5860 (4-14-86)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Crypt Preneed	
Handling Fees	
Flower vases - Marker setting	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
	355.00
Balance due	-0-

PAID
JAN 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

01-30-87 34150

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6416

Acct. # _____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6416

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWARD LEE WALKER, SR.	Male	March 23, 1923	January 24, 1987

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	Barbara Ann Walker - Daughter 3146 "G" Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal San Diego	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 Martin Luther King Dr. 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: JAN 28 1987 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 JAN 30 1987 (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

E6416 Nº 34150

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

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

Date: 01-30, 19 87

From: Karleen Ann Walker Address: 3146 "D" St. SDCa 92102

Three hundred fifty five and no/100 Dollars ($ 355.00)

In full Payment of Edward Lee Walker Services

Lot 37 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 6416

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 L. Sanc

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78990		
TOTAL PAID	$	355	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

For:

Date 01-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cletus L. Cahee

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 To allow for upright 100.00

Additional spaces and care fund grave sp. $595.00

~~Opening/Closing & Setup~~ + 100.00

~~Burial Container~~ $695.00

~~Handling Fees~~

~~Flower vases - Marker setting fee~~

Recording and filing fee

Sales taxes

PAID
JAN 26 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

See W.O. #6184 + 6354

Total Due 100.00

Paid receipt number 34134 100.00

Balance due -0-

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6417

PY-593 (REV. 8-85)

E6417

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 100E 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	
Total Due	595 00
Paid receipt number 33773	595 00
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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6184

Acct. # _____

PY-583 (REV. 8-85)

#11306

E 6417

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 31, 1986

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

in a Vault (Vault/Liner) Funeral, date, time 1 P.M. Mon Jan 5 1987

Church, Chapel, (Graveside) Graveside ; Pierce Bros. Mortuary. 714-642-9150

All Funeral cars must 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 4 Row _____ Section 100F Division/Block 25

Grave space & Care Fund ... E 6184 ... Prepaid.

Additional spaces and care fund ... _____

Opening/Closing & Setup ... 320.00

Burial Container ... Sealed Top Vault - Concrete ... 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
JAN 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Daughter

Paid receipt number 34060 710.50

Balance due 0

1-714-631-1980

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.

Pastor John Lowmon O.K.

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

Faye Delibeato
Signature

2451 Monaco Terr
Address

Costa Mesa 92627
State Zip Code

(714) 631-1980
Telephone

Signature of recorded holder of deed

P.B. - 12:30

Work Order # E 6354

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E6417 01-19-87

Dear George,

Enclosed is my Check for $100.00 Extra Maintenance Charge To Install standing head stone. For Cletis L. Cobee Lot #11 Grave #4 Sec #100F Block #25 Payment by Check #2373

Thanks

Tina Ziegler

OFFICIAL RECEIPT

E6417 № 34134

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

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

(92653)

Date: 01-26, 1987

From: Trina J. Yregler Address: 22451 Lombardi, Lag Hills, Ca

One hundred and no/100 Dollars ($ 100.00)

in full Payment of Additional deposit for Cletis L. Coker to allow for upright monument

Lot 11 Grave 4 Row Section 100F ~~Division~~ Block 25

Invoice No.

Acct. No.

W.O. E6417

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 3 0 1987

ISSUED BY [illegible]

CREDIT 20% Sales Care	87007 77184	20	00
80% Sales of Lots	100 77184	80	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 78300		
TOTAL PAID	$	100	00

AC-212 (Rev. 11-86)

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 26, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lily Hom (AKA) Lin Han Hom

in a T.S. Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside Cypress View Bonham Mortuary.

All Funeral cars must 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 1959 Grave 2 Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund none	—
Opening/Closing & Setup	320.00
Burial Container Top Seal Vault Counts	175.00
Handling Fees	170.00
Flower vases - Marker setting fee Trust	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1305.50
Paid receipt number 34143	1305.50
Balance due	0

6-6502
3-6-87

PAID
JAN 28 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ck # 7132

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 Jeanne L. Lee
Signature

x P.O. Box 2975
Address

x Chula Vista Ca 92012
State Zip Code

x 422-3549
Telephone

#11376

Work Order # E 6418

Invoice #

Acct. #

PY-593 (REV. 8-85)

[redacted]

legal description
card typed

E6418

OFFICIAL RECEIPT № 34143

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

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

Date: Jan 28, 1987

From: Jeanne L. Lew Address: PO Box 2975 C.V. 92012

Thirteen hundred five and 50/100 Dollars ($ 1305.50)

In Deposit + Pl Payment of Interment fee & Space for Lily Hom (AKA) Lin Han Hom —

Lot 1959 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-6418

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 30 1987

ISSUED BY George Stotts

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	—	
Handling Fee	100 77183	—	
Recording & Misc. Fees	100 77193	—	
Pre-Need Trust	63033 9022	710	50
Sales Tax	60101 78390	—	
TOTAL PAID	$	1305	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 26, 1987

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 1/29 11:00

Church, Chapel, Graveside Ch. + G.S. ; Lewis Colonial - El Cajon Mortuary.

All Funeral cars must 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 84 Grave 10 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund Rev Sp 9 for 60 days	
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
Total Due	1305.50
Paid receipt number 34138	1305.50
Balance due	0

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day hold

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 Ernestine Dickens
Signature
x 2103 Franklin Cove
Address
x San Diego, CA 92113
State Zip Code
x (619) 239-6697
Telephone

Invoice #

Work Order # E 6419

Acct. #

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6419

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORVILLE ESTEL DICKENS	male	Dec 29, 1911	Jan 24, 1987

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	Ernestine Dickens - wife 2103 Franklin Ave. San Diego, CA 92113

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: JAN 27 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 29 1987 (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

E6419 № 34138

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

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

Date: Jan 27, 1987

From: Ernestine Dickens Address: 2103 Franklin Av. SD 92113

Thirteen Hundred five and 50/100 Dollars ($ 1305 50)

In full Payment of Interment of Orville Dickens - dec

Lot 84 Grave 10 Row Section 2 Division Block 121

Invoice No. —

Acct. No. —

W.O. E-6419

BALANCE DUE —

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

AC-212 (Rev. 11-86) 4187

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

JAN 30 1987

ISSUED BY Georgen Stetler

CREDIT 20% Sales Care	87007 77184	119	00
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	80101 76390	10	50
TOTAL PAID	$	1305	50

OFFICIAL RECEIPT

№ 34723

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

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

Date: 6-22, 1987

From: Ernestine Dickens Address: 21 Franklin Avenue

One hundred twenty five — Dollars ($ 125 —)

In Payment of installation of marker for Mr Dickens

Lot 89 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6919

BALANCE DUE 0

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

4341

AC-212 (Rev. 11-86)

NO[illegible] PURPOSE STATED [illegible] STAMPED "[illegible]" [illegible] SPACE

PAID
JUN 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Sandy Ward

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	125 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Opal F. Paul

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 2/3 AM

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

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

Lot 3884 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund C 5218 (1967) ..... 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 34153 242.40

Balance due 0

PAID
FEB 2 1987
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 6420

PY-593 (REV. 8-85)

legal typed

№ 34153

OFFICIAL RECEIPT

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

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

Date: Feb 2, 1987

From: Greenwood Mtg Address: PO Box 88 - SD 92112

Two Hundred forty two and 40/100 Dollars ($ 242 40/100)

In full Payment of Incurrment fees for Opal Florence Saul-der

Lot 3884 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E6420

BALANCE DUE Ø

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

AC-212 (Rev. 11-86) 04932

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

ISSUED BY George Stetter

CREDIT 20% Sales Care	67007 77184	—	—
60% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77183	60	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

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.

GREENWOOD MORTUARY
SAN DIEGO, CALIFORNIA 92112

DESCRIPTION OR INVOICE NO.	SSN OR EIN NO. 1099	CONTRACT NO	LOC NO	ACCT NO	DEBIT	CREDIT
EXPENSE DATE 1/87						
CEMETERY FEES OPAL PAUL		202881	4615	406-000 SCI	242.40	
BB4932						

E6420

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6420

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Opal Florence Paul	Female	Oct. 5, 1905	Jan. 26, 1987

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	Marjorie H. Dillon-Cousin 4164 Kansas Street San Diego, California 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort., 1-805 & 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 Memorial Park, 1-805 & Imperial Avenue, San Diego, CA	DATE CREMATED JAN 30 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Robert Garcia
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 JAN 29 1987	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 FEB 3 1987 (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 ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR

Mortuary to bring check

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Thompson in a Bell Vault/Liner Funeral, date, time Sat. 1/31 11:00 Church, Chapel, Graveside ; Merkley Mortuary.

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

Lot ____ Grave 24 Row 6 Section 8 Division/~~Block~~ 7

Grave space & Care Fund (10531) 1948 Preneed

Additional spaces and care fund ____

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee Overtime 380 00

Recording and filing fee 35 00

Sales taxes 6 00

Called by Harry

Total Due 986 00

Paid receipt number 34152 986 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

PAID

FEB 2 1987

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Work Order # E 6421

PY-593 (REV. 8-86)

Signature# ____

Address ____

State ____ Zip Code ____

Telephone# ____

Invoice # ____

Acct. # ____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 64421

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCES ANNIE THOMPSON	FEMALE	OCT 1, 1905	JAN 27, 1987

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	MARIAN MARTIN, DAUGHTER 4488 30TH STREET, #6 SAN DIEGO, CA 92116

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MCNEELY-BEYERHELL MORTUARY, 3605 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, 3621 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: JAN 27 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Gerald L. Parmet, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-31-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Miller	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.

OFFICIAL RECEIPT

E6421 № 34152

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

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

Date: Jan 31, 1987

From: Merkley-Mitchell Address: 3655 - 5th Ave - S.D 92103

Nine Hundred Eighty Six Dno 100 Dollars ($ 986.00)

In full Payment of Interment fees & O.T. for Frances Thompson

Lot ~ Grave 24 Row 6 Section 8 Division Block 7

Invoice No. ~

Acct. No. ~

W.O. E-6421

BALANCE DUE Ø

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

AC-212 (Rev. 11-86) 5116

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

ISSUED BY George Stelt

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 O.T.	100 77183	415.00
Pre-Need Trust	83033 9022	~
Sales Tax	80101 78390	6.00
TOTAL PAID	$	986.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date Jan 27, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine C. Dickens

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 84 Grave 9 Row 2 Section 2 Division/Block 12

Grave space & Care Fund	Land Pre need Care	595.00
Additional spaces and care fund		
Opening/Closing & Setup	Now Pd	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		595.00
Paid receipt number 34139		595.00
Balance due		0

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 Ernestine C. Dickens
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6422

Acct. # _____

PY-583 (REV. 6-86)

#11377

OFFICIAL RECEIPT

Nº 34139

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

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

Date: Jan 27 19 87

From: Ernestine Dickens Address: S.D

Five Hundred Ninety Five and no/100 Dollars ($ 595.00)

In full Payment of Interment space Pre need —
Space & Care Paid in full

Lot 84 Grave 9 Row Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6422

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 4/87

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. JAN 30 1987

ISSUED BY Georgen Stelter

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

Pre-need
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 27, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie / Ezequiel Amansec

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 WW2 - army Ezequiel

Lot 85 Grave 748 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 2 sp. + Care - @ 595.00	1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	none
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	1190.00

Credit Sale
23 @ 50 = 1150.00
1 @ 40 = 40
1190.00

(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

Signature Marjorie Amansec

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 6423

Acct. # _____

PY-593 (REV. 8-85)

		1190 00
02-03-87	34159 ✓	50 00
		1140 00
03-06-87	34274 ✓	50 00
		1090 00
04-7-87	34394 ✓	50 00
		1040 00
05-06-87	34536 ✓	50 00
		990 00
06-08-87	34668 ✓	50 00
		940 00
07-06-87	34774	50 00
		890 00
08-10-87	34921	50 00
		840 00
09-09-87	35016	50 00
		790 00
10-07-87	35135	50.00
		740.00
11-2-87	35228	50.00
		690.00
12-7-87	35377	50.00
		640,00

OFFICIAL RECEIPT

№ 34159

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

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

Date: 2/3/87, 19

From: Marjorie Amanset Address: 5226 - Lorena - SD 92114

Fifty and no/100 Dollars ($ 50 00)

In Coupon #1 Payment of Cedar Lot Coupon #1

Lot 85 Grave 7+8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE $1140 CR

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

AC-212 (Rev. 11-86) 2329.

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

ISSUED BY Gloyce Potter

CREDIT	67007	
20% Sales Care	77184	50 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	63003	
Sales Tax	60101	
TOTAL PAID	$	50 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

CR #2329 $

Amount Received $ 50.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34274

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/6/87, 19

From: Marjorie Amansee Address: San Diego

Fifty and no/100 Dollars ($ 50.00)

In Coupon #2 Payment of Credit Sale
Coupon #2

Lot 85 Grave 7+8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. F-6423

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2348

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Cars	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 78580	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 51.00

3/6/87 — Ck # 2348 Amount Received $ 50.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E6423 Nº 34394

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 04-07, 1987

From: Marjorie T. Amaree Address: 5226 Geneva Ave SD Ca 92114

Fifty and no/100 Dollars ($ 50 00)

In Full Payment of Preneed Lot

Lot 85 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6423

BALANCE DUE ~~$104 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	63032 9032		
Sales Tax	60101 78560		
TOTAL PAID	$	51	00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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 th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 50.00

NAME Marjorie Amansec

ADDRESS 5226 Geneva Ave

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

№ 34536

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/6/87, 19__

From: Marjorie Amanson Address: 5226 Seneca SD 92114

Fifty and no/100 Dollars ($ 50.00)

In #4 Payment of Credit Sale Coupon #4

Lot 85 Grave 7 & 8 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-6423

BALANCE DUE $990.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2378

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: Joyce Stotts

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

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	X										

Amount due when paid on, or before due date above. 10th $ 50.00

Amount due if paid more than 10 days after due date above. $ 1.00

chk 2328
50.00

$

Amount Received $

*E

STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34668

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/8, 1987

From: Marjorie Amesec Address: 5226 Geneva S.D.

Fifty 00 Dollars ($ 50 00)

In — Payment of coupon #5 (Pre-need - Lot)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#2394

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007		
20% Sales Cars	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	63033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	50	—

Flagged

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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.)th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

6/8/87
CK#2394

$ _____

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 34774

Date: 7-6 19 87

From Marjorie Summers Address: 5226 Seneca Ave SD

Fifty dollars Dollars ($ 50—)

In Payment of Buyer #6 Credit Lot

Lot 85 Grave 2&8 Row Section 22 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 870.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2405

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT		
80% Sales Care	67007 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	63033 9022	
Sales Tax	60101 78200	
TOTAL PAID	$	50—

...e coupon with each remittance **COUPON** **6**

MAIL ENTIRE BOOK

NT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

ck#2405 $ 50.00

7/6/87 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 34921

Date: 8-10, 1987

From: Marjorie Amansec Address: San Diego

fifty dollars Dollars ($ 50.00)

In Coupon Payment of Credit Sale - Coupon # 7
E-6423

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6423

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2418

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	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	69033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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 0th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

Ck# 2418 — 50¢

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35016

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-9, 1987

From: Marjorie Amonsee Address: 5226 Geneva Ave, 92114

Fifty Dollars Dollars ($50.00)

In Payment of Campus #8 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE $790.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2431

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landy 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 78590		
TOTAL PAID	$	50	—

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E-6423

OFFICIAL RECEIPT

№ 35135

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3161

Date: 10/7 , 1987

From: MARJORIE T. AMANSEC Address: 5226 GENEVA AVE.

Fifty and 00/100 Dollars ($ 50.00)

In PART Payment of Pre Need Trust

Lot 85 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 240.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
2445

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	80232 9022	~~50~~ ~~00~~
Sales Tax	60101 76300	
TOTAL PAID		$ 50 00

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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. 0th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 50.00

NAME MARJORIE T. AMANSEC

ADDRESS 5226 GENEVA AVE

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35228

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-3, 1987

From: Marjorie Ormsee Address: 5226 Geneva Ave

Fifty dollars Dollars ($ 50.00)

In _____ Payment of Coupon #10 Credit Lot

Lot 85 Grave 7 & 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 690.00

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	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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 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

E6423 № 35504

Date: 1-6, 1988

From: Marjorie Amarsec Address: 5226 Geneva Ave, SD

fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupon #12 Credit Lot

Lot 85 Grave 7 & 8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 590.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2492

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63093 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	—

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
	X										

Amount due when paid on, or before, due date above 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E6423 № 35694

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-9, 1988

From: Marjorie Amanse Address: 5226 Geneva Ave, SD CA

Fifty dollars no/100 — Dollars ($ 50.00)

In _____ Payment of _____

Lot 85 Grave 7 & 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 540.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2506

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77154		
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 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

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. ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

ck 250 $50

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35839

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-8, 1988

From: Marjorie Hanson Address: 5226 Geneva Ave, SD

Fifty no/100 Dollars ($ 50.00)

In _____ Payment of Coupon #14 Credit Lot

Lot 85 Grave 7 & 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 500.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2540

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Andra Vord

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** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
	X										

Amount due when paid on, or before, due date above 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

Ck#2520
50¢

$ _____

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

E6423 № **35995**

Date: 4-8, 1988

From: Marjorie Amorsen Address: 5226 Geneva Ave, SD

Fifty dollars Dollars ($ 50.00)

In _____ Payment of Garden 15 Credit Lot

Lot 85 Grave 7 & 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2537

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 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	80101 76390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anansec
5226 Geneva Ave.
San Diego, CA 92114

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 35377

Date: 12-7, 1987

From: MARJORIE AMANSEC Address: 5226 GENEVA SD CA 92114

FIFTY-DOLLARS & 00/100 Dollars ($ 50-)

In PART Payment of PRE-NEED CREDIT SALE COUPON #11

Lot 85 Grave 7+8 Row Section 2 Division Block 12

Invoice No

Acct. No

W.O. E-6423

BALANCE DUE 640.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #2476

AC-212 (Rev. 11-86)

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	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63053 9022	100 -50 00
Sales Tax	60101 78300	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anansec
5226 Geneva Ave.
San Diego, CA 92114

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E6423 № 36120

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-9, 1988

From: Marjorie Amonsen Address: 5226 Seneva Ave, SD

Fifty no/100 Dollars ($ 50.00)

In Payment of Coupon 16 Credit Lot

Lot 85 Grave 778 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6423

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.

011029

CITY AUDITOR
MAY 12 1988

ISSUED BY Sandra Wolf

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87) 2549

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 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

№ 36269

Date: 6-7, 1988

From: Marjorie Amonsic Address: 5226 Geneva Ave, SD

Fifty dollar no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 85 Grave 7 & 7 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 340.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2571

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Ward

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 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** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Ammons
5226 Geneva Ave.
San Diego, CA 92114

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 ▶ $ 50.00

Amount due if paid more than 10 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

№ 36389

Date: 7-8, 1988

From: Marjorie Amonsen Address: 5226 Seneca Ave

Sixty dollars no 1100 Dollars ($ 50.00)

In Payment of Coupon 18 Credit Lot

Lot 25 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 290.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2586

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

00025 JUL 13 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 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 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

E6423 № 36534

Date: 8-9, 1988

From: M. Amanse Address: 5226 Geneva Avenue

Fifty dollars Dollars ($ 50.00)

In payment Payment of Credit Lot Sales

Lot 85 Grave 7+8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

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.

CITY AUDITOR

AUG 12 1988

ISSUED BY Nancy Hart

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	—
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	—

AC-212 (Rev. 10-87) 2600

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-0423

Marjorie Anastos
5226 Geneva Ave.
San Diego, CA 92114

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 8th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

50 ok 8/9 $

#2600 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

№ 36625

Date: 9/6, 1988

From: Marjorie Amansec Address: 5226 Genave SD 92114

Fifty and no/100 Dollars ($ 50.00)

In #20 Payment of Coupon #20 on Credit Sale

Lot 85 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6423

BALANCE DUE 190.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	48 00
80% Sales of Lots	100 77184	2 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Hauling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	00101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
SEP 19 1988

AC-212 (Rev. 10-87)

2609

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Amansec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
	X										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

9/6/88 50.00

CR

$ _____

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

№ 36778

Date: 10-5, 1988

From: Marjorie Amezaga Address: 5226 Geneva Ave, SD

fifty no/100 Dollars ($ 50.00)

In Payment of coupon 21 Credit Lot

Lot 85 Grave 7 & 8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2622

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 7 1988

ISSUED BY Lynthia Ward

CREDIT 20% Sales Care	67007 77184	50	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 78380		
TOTAL PAID	$	50	00 ✓

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Swanson
5226 Geneva Ave.
San Diego, CA 92114

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 $ 50.00

Amount due if paid more than 10 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

E6423

№ 36922

Date: 11-4, 1988

From: Marjorie Amenson Address: 5226 Geneva Ave, San Diego

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 22, Credit Lot

Lot 85 Grave 7 & 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 90.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2636

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lydia Ward

CREDIT	67007	50	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	$	50	00

CITY AUDITOR
NOV 15 1988

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anasaec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
	10										

Amount due when paid on, or before, due date above. 10th ▶ $ 50.00

Amount due if paid more than 10 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

E6423

№ 37062

Date: 12-6 1988

From: Marjorie Ayanza Address: 5226 Geneva Cre, SD

fifty 22/100 Dollars ($ 50.00)

In Payment of Oregon 23 Credit Lot

Lot 85 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6423

BALANCE DUE 40.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2648

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	50.00
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	80101 78390	
TOTAL PAID	$	50.00

CITY AUDITOR
DEC 12 1988

Send or bring this coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Anastos
5226 Geneva Ave.
San Diego, CA 92114

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME AMANSEC, EXEQUIEL & MARJORIE ACCT. NO. E-6423

ADDRESS 5226 Geneva Avenue, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
J 27	87	Lot 85, Graves 7 & 8, Section 2, Division 12	1190 00		550 00	640 00
1-6	88	Coupon # 12, Receipt # 35504			50 00	590 00
2-9	88	Coupon #13, Receipt # 35694			50 00	540 00
3-8	88	Coupon # 14 Receipt # 35839			50 00	490 00
4-8	88	Coupon #15, Receipt # 35995			50 00	440 00
5-9	88	Coupon 16, Receipt 36212			50 00	390 00
6-7	88	Coupon # 17 Receipt 36269			50 00	340 00
7-8	88	Coupon # 18 Receipt 36389			50 00	290 00
8-7	88	Coupon 19 Receipt 36534			50 00	240 00
9-6	88	Coupon 20 Receipt 36625			50 00	190 00
10-5	88	Coupon 21, Receipt 36778			50 00	140 00
11-4	88	Coupon 22, Receipt 36922			50 00	90 00
12-6	88	Coupon 23, Receipt 37062			50 00	40 00
1-5	87	Coupon 24, Receipt 37174			40 00	00

Paid in Full

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6423

№ 37174

Date: 1-5 1989

From: Marjorie Omansec Address: 5226 Geneva Ave. SD

Forty dollars no/100 — Dollars ($ 40.00)

In _____ Payment of Final Payment on Credit Lot Coupon

Lot 85 Grave 7 & 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6423

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2664

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	40 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	$	40 00

CITY AUDITOR
JAN 11 1989

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6423

Marjorie Ammsec
5226 Geneva Ave.
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
	X										

Amount due when paid on, or before, due date above. $ 40.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Mahoney Jr.

in a Redi Vault Vault/Liner Funeral, date, time 2/10

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 124 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Prneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
~~Flower vases~~ – Marker setting fee GI Bronze	135 00
Recording and filing fee	35 00
Sales taxes	2.40
Total Due	377.40
Paid receipt number	
Balance due	

PAID
AUG 10 1987
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 # _____

Work Order # E 6424

Acct. # _____

PY-593 (REV. 8-86)

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
01/27/87	E-6424

TO:

Kathleen Conner
4095 Point White Drive
Bainbridge Island, Washington
98110

DESCRIPTION OF CHARGE	AMOUNT
The cremain's of John Mahoney have been received at Mt. Hope Cemetery.	
If they are to be inurned with Timothy John Mahoney in Lot 124, Grave 10, Section 1, Division 11 the following amount is due:	
Opening/Closing	$105.00
Ash Vault	40.00
Handling Fee	60.00
Tax on Vault	2.40
Recording Fee	35.00
Marker installation GI Bronze	135.00
Total Due	$377.40

PAID
AUG 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

VA papers and Marker application will be submitted to the VA upon receipt of payment.

Please sign the attached form and return with your payment.

Thank you.

FORM PR-955 (10/64)

Brian Johnson
Cousin of John Mahoney

Rose Marie Conner
295-6835

140 Walnut Ave #4-A
Long Beach, Ca. 92112

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Mahoney Jr.

in a Vault/Liner Vault Funeral, date, time Mon. 8-10-87

Church, Chapel, Graveside No Service : 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 134 Grave 10 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Prneed
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
~~Flower vases~~ Marker setting fee	135.00
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	377.40
Paid receipt number 34907	377.40
Balance due	-0-

PAID
AUG 7 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Kathleen Connor, Executrix of The Estate

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Kathleen Connor, Executrix
Signature of recorded holder of deed

X Kathleen Connor, Exec.
Signature

X P.O. Box 11402
Address

X Bainbridge Island, WA
State Zip Code

X 98110
Telephone

X (509) 376-2316

Invoice # ____

Work Order # E 6424

Acct. # ____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6424

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Mahoney	Male	Aug. 18, 1928	Found Dec. 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	Kathleen Conner-Niece 4095 Point White Drive Bainbridge Island, Washington 98110

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mott, 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)
- 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 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 1-1-87	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 ▶ 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 30 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 8/10/87 (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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 34907

Date: 8-7, 1987

From: Kathleen Connor Address: San Diego

Three hundred seven-seven & 40/100 Dollars ($ 377.40)

In Full Payment of Interment of John Mahoney

Lot 124 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6424

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check

AC-212 (Rev. 11-86) 306

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY JD

CREDIT	57007		
20% Sales Cars	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77151	105	00
Burial Containers	100 77152	40	00
Handling Fee	100 77153	60	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	377	40

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 29, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L. Beatrice Bratton

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 12 Grave 11 Row ~~~ Section 1 Division/Block 11

Grave space & Care Fund Space + Care -	495 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	495 00
Paid receipt number 34147	495 00
Balance due	0

PAID
JAN 29 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 L. Beatrice Bratton
Signature
516 Rocalla St.
Address
Ajo Az 85321
State Zip Code
602-387-5257
Telephone

Invoice # _____

Work Order # E 6425

Acct. # _____

PY-653 (REV. 8-86)

#11378

№ 34147

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Jan 29, 1987

From: Patsy Long Address: 516 Rocalla Ojo Ariz 86321

Four Hundred Ninty five & no/100 Dollars ($ 495.00)

In full Payment of Pre Need Companion Sp - Sec 11 - next to mr. grave.

Lot 12 Grave 11 Row 2 Section 1 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E-6425

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	99.00
20% Sales Cars	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 6022	~
Sales Tax	60101 78390	~
TOTAL PAID	$	495.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie Mae Collier

in a Bell Vault / liner Funeral, date, time Mon. 2-2 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 ____ .

Lot 72 Grave 2 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund C 1118 (1968) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup D4078 (1974)

Burial Container ____

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes ____

Called by Marvella

Total Due 35.00

Paid receipt number [illegible]

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 # 053763

Work Order # E 6426

Acct. # 021061

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E64424

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LILLIE MAE COLLIER	Female	Aug. 21, 1896	January 27, 1987

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	Charles Reed - Grandson 2904 Imperial Avenue San Diego, California 92114

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 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: JAN 29 1987	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 2/2/87 (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 - 626

ACR071 INVOICE INQUIRY PG 2

INVOICE: 053/63 INV TOTAL: 35.00

ACCOUNT: 021061 NAME: CHARLES REED

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
WRITTEN OFF	02/14/90	35.00

COLLECTION ACTIONS

LATE NOTICE - 1ST: 04/10/87
- 2ND: 04/24/87
- 3RD:

REFERRED TO - TREAS COLLECTION: 04/29/87
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

DEPRESS PA1 KEY FOR NEXT SCREEN

ALL DATA FOR THIS FUND HAS BEEN DISPLAYED. DEPRESS PF1 TO VIEW NEXT FUND NO.
ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 021061 INVOICE: 053763 INV DATE: 03 05 87
NAME: CHARLES REED
1) 2904 IMPERIAL AVENUE 2) _____
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-6426 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: 35.00

DESCRIPTION OF CHARGE	AMOUNT
LILLIE MAE COLLIER SERVICES	
LOT 72 GR 2 SEC 17 DIVN 7	
RECORDING FEE	35.00

TOTAL DUE 35.00
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 ___ _____ __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose Schall Baker &

in a As B Vault Vault/Liner Funeral, date, time Thur. 9:15 AM

~~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 893 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... B9375 (1963) Prepaid

Additional spaces and care fund X

Opening/Closing & Setup E1534

Burial Container .....

Handling Fees ..... Rec 2/5/87

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Called by Cindy @ Greenwood

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6427

Acct. # _____

PY-593 (REV. 8-86)

Legal Typed

E4427

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Rose Schall Baker	Female	Aug. 23, 1901	Jan. 19, 1987

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	Linda Slycord-Friend 2901 Spear Drive Ontaire, California 92761

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 Mort, I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED FEB 8 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Robert Garcia
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 $5.00	DATE PERMIT ISSUED FEB 03 1987	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 2/5/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory 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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alta R. Davis

in a Bell (Vault/Liner) Funeral, date, time Tues 2/3 3:00

Church, Chapel, Graveside Drop Off ; 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 1025 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund D1375 (1972) ..... Pre need

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Lower Vases / Marker setting fee ..... _____

Recording and filing fee 35.00

Sales taxes ..... _____

PAID
FEB 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34155 - 35.00

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.

_____
Signature of recorded holder of deed

Russell Davis
Signature

2600 Stearns Way #6A
Address

Medford Or 97501
State Zip Code

503-779-8047
Telephone

Invoice # _____

Work Order # E 6428

Acct. # _____

PY-593 (REV. 8-86)

legal typed

ck # 712 - Jackson Co. Fed. Bank
amt of $35.00

OFFICIAL RECEIPT

№ 34155

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 2, 1987

From: Russell E. Davis Address 2600 Stearns Way Sp6A Medford Ore. 97501

Thirty five dollars and NO/100 Dollars ($ 35.00)

In full Payment of Recording fee for Alta R. Davis

Lot 1025 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6428

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 Dave Lowney

CREDIT	87007		
20% Sales Care	77164		
50% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16428

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALTA RUTH DAVIS	Female	08-12-1896	01-31-1987

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	Russell E. Davis (Son) 2600 Stearns Way Sp. #6A Medford, OR 97501

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 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: FEB 03 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/3/87 (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.

(DIP)
2nd buried

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wayne A. Rudiger

in a Bell Vault/Liner Funeral, date, time Thurs 2/5 10:00

Church, Chapel, Graveside 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 3561 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund D-5667 (1975) (D.I.P.) Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes 6 00

Total Due 606 00

Paid receipt number 34171 606 00

Balance due —0—

PAID
FEB 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Legal Typed

Work Order # E 6429

PY-593 (REV. 6-85)

Invoice # ____

Acct. # ____

Mortuary to bring check

E6429 № 34171

OFFICIAL RECEIPT

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: Donna J. Donohue Address: 8736 Van Horn St La Mesa 92141

Six hundred six and no/100 — Dollars ($ 606.00)

In full Payment of Wayne H. Rudiger Services

Lot 3561 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6429

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 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 78590	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

E6429

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WAYNE H. RUDIGER	Male	April 8, 1917	February 2,1987

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	Donna J. Donohue - Daughter 8736 Van Horn La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Rosebough, 3051 El Cajon Blvd. San Diego, CA	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: FEB 4 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 5 1987 (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: 1700 Pacific Hwy Rm 101 San Diego, CA 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ellen A. Johnson in a T.D. Vault (Vault/Liner) Funeral date, time Wed 9Am - 2/4 Church, Chapel, Graveside Chapel + GS ; 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 No .

✓ Lot 123 Grave 3 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ... Cem + SD	300.00
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 tax	10.50
Total Due	1010.50
Paid receipt number 34154	1010.50
Balance due	0

PAID
FEB 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I 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

× W. C. Johnson
Signature
3382 CHEYENNE
Address
CA 92117
State Zip Code
276-2587
Telephone

Work Order # E 6430

Invoice # ____

Acct. # ____

PY-883 (REV. 8-85)

Legal typed

OFFICIAL RECEIPT

№ 34154

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 2, 1987

From: Cindy Rose Address: 3355 Lanaan St 92117

One Thousand ten and 50/100 Dollars ($ 1010 50/100)

In full Payment of Internment fees & single Grave Sp for Alice A. Johnson Dec

Lot 123 Grave 3 Row 2 Section 2 Division ~~Block~~ 11

Invoice No. ~

Acct. No. ~

W.O. E-6430

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 0295

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	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	$	1010	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6430

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alice A. Johnson	Female	Apr. 13, 1918	Jan. 31, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	William Johnson - Husband 3382 Cheyenne 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, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: FEB 3 - 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Russell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/4/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loreen 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: 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

P.G.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Lampkin

in a Linner (Vault/Liner) Funeral, date, time Feb 4 Wed 2 P.M

Church, Chapel/Graveside G.S. only ; Merkley-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 137 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-3516	Pienced
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container 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	606.00
Paid receipt number	
Balance due	

P.B. 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

County of SD
Signature

Address

State Zip Code

Telephone

Harry from Merkley O.Ked Sen Jr

Work Order # E 6431

Invoice # 052929

Acct. # 000952

PY-583 (REV. 6-86)

legal typed

Creditors Claim

1

Margaret Smith
5201 A. Ruffin Rd
SD 92123
565-3461

PERMIT FOR [redacted]SITION O[redacted]MAN REMAINS

E64431

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEE LAMPKIN	MALE	APR 20, 1893	JAN 31, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC GUARDIAN 5201A RUFFIN ROAD SAN DIEGO, CA 92123

NAME 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: 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: FEB 3 1987	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 FEB 4 1987 (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

04-10-87 № 34385

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 04-03 19 87

From: County of SD Address: 5201-H Ruffin Rd SD Ca 92123

Six Hundred Ten and 55/100 Dollars ($ 610 55)

In full Payment of Cedar Lawn Interment

Lot 137 Grave 11 Row Section 1 Division Block 12

Invoice No. 052929

Acct. No. 000952

W.O. E6431

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. Tang

CREDIT		
20% Sales Care	07007 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 8022	
Sales Tax	00101 76360	
TOTAL PAID	$	610 55

E6431

052929 02/11/87 000952 COUNTY OF SAN DIEGO 04/10/87 0

100 072 77181 000072
100 072 77182 000072
100 072 77183 000072
60101 78390
63021 90222

0.00
2.40-
0.75-
1.35-
0.05-
4.55

606.00 OVERPAYMENT 4.55-

E6431

052929 02/11/87 000952 COUNTY OF SAN DIEGO 04/03/87 CK 003062

100 072 77181 00007?
100 072 77182 00007?
100 072 77183 00007?
60101 78390
63021 90222

610.55
320.00
100.00
180.00
6.00
4.55

606.00 OVERPAYMENT 4.55-

E0431

MEMO

☐ URGENT - REPLY IMMEDIATELY

☒ NO REPLY REQUIRED

TO: Kay - Accounts Receivable - 7C

DATE: 04/03/87

SUBJECT: Mt. Hope Cemetery Invoice

FOLD

MESSAGE

The attached invoice and receipt will be coming thru soon. Please apply the interest as indicated. Thank you.

SIGNED Barbara Long

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

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 052929 INV DATE: 02 11 87

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-6431 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: 606.00

DESCRIPTION OF CHARGE	AMOUNT
LEE LAMPKIN SERVICES	
LOT 137 GR 11 SEC 1 DIVN 12	
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
CREDITORS CLAIM ENCLOSED	
TOTAL DUE	606.00

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

4-3-87 34385 610.55

PAID
APR 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

$4.55 interest
apply to 100/7183

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb-2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Tompkin

in a Vault/Liner linner Funeral, date, time Feb-4 Wed 2 P.M

Church, Chapel, (Graveside) GS only ; Merkley-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 137 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-3516	Pioneer
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container ..... 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	606.00
Paid receipt number _____	—
Balance due	—

P.B. Owe

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Harry from Merkley O.K. Lee Jr

County of SD
Signature

Address

State Zip Code

Telephone

Work Order # E 6431

PY-583 (REV. 8-85)

Invoice # 052929

Acct. # 000952

Creditors Claim

E4431

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
County of San Diego Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123		Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
ATTORNEY FOR (Name): Lee Lampkin		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Lee Lampkin 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: $ 606.00 + interest (See back)
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 Luther 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: 02/25/87

George W. Stelter, Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

George W Stelter
(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $
    [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached:
    [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

ESTATE OF (NAME): LEE LAMPKIN, Decedent	CASE NUMBER:

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
02/04/87	Lee Lampkin Services	
	Lot 137, Grave 11, Section 1 Division 12	
	Opening/Closing	$ 320.00
	Liner	100.00
	Handling Fee	145.00
	Tax on Liner	6.00
	Recording Fee	35.00
		$ 606.00

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..."

9%

Monthly interest in the amount of 4.55

will be added starting 5/4/87

TOTAL $ 606.00

Need
12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-03-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddie Lee Rackley Sr.

in a Bell Vault/Liner Funeral, date, time Fri 2/6 9:30

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 ____ .

✓ Lot 106 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	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 34162	250 00
Balance due	606 00

02-03-87

I hereby certify I am the Son / ~~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.

Eddie L. Rackley Jr.
Signature of recorded holder of deed

Eddie L. Rackley Jr.
Signature
630 62nd Apt G
Address
San Diego Calif.
State
263-2979 92114
Telephone Zip Code

Anthony Frost
2323 Manzana Way
S.D. CA 92139

Work Order # E 6432

Invoice # 052930

Acct. # 020823

PY-583 (REV. 9-86)

legal typed

W.O. NO. E6432

NOTE—STRAIGHT

$ 606 00 San Diego, California, Feb 6, 1987

45 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 March 20, 1987 on the unpaid principal at the rate of

10 ~~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.

Anthony Tear

2323 MANZANA WAY SD 92154

x Eddie L. Lockley Jr.

630 62nd APT "B" 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

E6432 № 34162

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-03, 1917

From: Eddie L. Rackley Address: 630-62nd Ave "C" SDCA

Two hundred fifty and no/100 - Dollars ($ 250.00)

In Part Payment of Eddie Lee Rackley Sr. Service

Lot 106 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6432

BALANCE DUE $606.00

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	50	00
80% Sales of Lots	100 77184	200	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	$	250	00

AC-212 (Rev. 11-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E4432

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eddie Lee Rackley, Sr.	Male	Feb. 27, 1933	Jan. 31, 1987

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 Lee Rackley, Jr. - Son 630 62nd St. Apt. G San Diego, CA 92114

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 Martin Luther King Dr.: 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: FEB 4 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MHM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 6 1987 (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

4/6/87

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6432

№ 34361

Date: 03-30, 19 87

From: Anthony J. Feaster Address: 2323 Manzanaway S Dca 92139

Six hundred six and no/100 — Dollars ($ 606.00)

In full Payment of Eddie Lee Lackley Sr. Services

Lot 106 Grave 10 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. 052930

Acct. No. 020803

W.O. E 6432

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 6 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	63083 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	606 00

AC-212 (Rev. 11-86)

E 6422

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/06/87

DATE: 04/06/87
TIME: 215551
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
052930	02/11/87	020803	EDDIE L. RACKLEY, JR					03/30/87	CK	1426,5330	606.00	606.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				180.00		
			60101			78390					6.00		

E6432

Cortes

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 3, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eber Burson

in a Liner (Vault/Liner) Funeral, date, time Fri (2-6) 1 P.M.

Church, Chapel, Graveside ____ 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 WWI -

Lot ~~21~~ Grave 57 Row 5 Section 6 Division/Block 7

Grave space & Care Fund ..... Prepaid	—
Additional spaces and care fund ..... 2 spaces @ 50.00	
Opening/Closing & Setup	320.00
Burial Container ..... Cost to Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales tax	6.00
Total Due	606.00
Paid receipt number 34163	606.00
Balance due	0

PAID
FEB 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

440-8033 to Family Brick -

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

*Walter T. Hanan
Signature
761 Melrose Ave
Address
Chula Vista Ca 92010
State Zip Code
420-9401
Telephone

Work Order # E 6433

PY-503 (REV. 8-85)

Invoice # ____

Acct. # ____

legal type

№ 34163

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-3-87, 19

From: Walter F Hanan Address: 761 Melvalve - C.V. 92010

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fees for Eber Burson - dec Veteran WW1 -

Lot 57 Grave Row 5 Section 6 Division Block 7

Invoice No.

Acct. No.

W.O. E6433

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85) 004741
F.F.C.U.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gregory Stetter

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	53033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6433

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eber Oliver Burson	Male	Aug. 30, 1899	Feb. 2, 1987

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	Virginia Burson - Wife 10026 Rawley Road El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary - 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 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 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	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Beard, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/6/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02/09/87

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 January 1987	$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 Ave.
Address

San Diego, CA 92113
State Zip Code

Resale #F-40258
Telephone

Invoice # 052828

Work Order # E 6434

Acct. # 000253

PY-593 (REV. 8-86)

1/27	$125	2x1	LEYVA, Frances
"	125	2x1	HOOKS, Leona C.
"	125	2x1	ARNOLD, Guadalope

E6434

E 6434

052928 02/11/87 000253 SEAMAN/POE MONUMENT CO 77183 000072 03/02/87 CK 1403 375.00 375.00 375.00 PAID IN FULL 0.00
100 072

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6434 № 34249

Date: 03-02, 1987

From: Seaman Pac Address: 3893 [illegible]

Three hundred seventy five and no/100 dollars ($ 375.00)

In full Payment of Marker Install. [illegible] 87

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 052926

Acct. No. 001253

W.O. E-6434

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 5 1987

ISSUED BY B. Tang

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	60101 78390	
TOTAL PAID	$	375.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02/09/87

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 January 1987	$785.
Recording and filing fee	
Sales taxes	
Total Due	$785.
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

PO Box 94
Address

San Diego, CA 92112
State Zip Code

RESALE # FH 25603192
Telephone

Invoice # 052987

Work Order # E 6435

Acct. # 004821

PY-583 (REV. 6-85)

E 6435

MARKER INSTALLATIONS
FOR THE MONTH
OF January 1987

TE	SIZE	CHARGE	NAME	LOT	GR	ROW	SEC	DIV	BLK
01/07/87	2x1	$125.00	LEGO, Eliz. B.	2178				10	
01/09/87	2x1 Fnd	160.00	RASMUSSEN, Gay, Rae	44			IOOF		O
01/29/87	2x1	125.00	WILLIAMS, Marth	105	12		2	12	
"	2x1	125.00	ALFRED, Laura M.	119	11		2	11	
"	3x1	125.00	HOM, SuChin/Jack Sing		2	9	Chin	I	
"	2x1	125.00	CAMPBELL, Ella G.	22	9		8	5	

E6435

052927	02/11/87	004821	CONTI AND SON MEMORIAL CO		02/20/87	CK	6679	785.00	785.00	0.00
		100	072	77183	000072			785.00		PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,330.00

OFFICIAL RECEIPT

№ 34220

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

2/23/87

Date: Feb 18, 1987

From: Conti and Son Memorial Address: P.O. Box 94 S.D. 92112

Seven hundred eight five dollars and No/100 Dollars ($ 785.00)

In full Payment of Marker Installation for the Month of Jan 1987

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 052927

Acct. No. 004821

W.O. E 6435

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 6679

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 23 1987

ISSUED BY D. Lowney

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	80101 78390	
TOTAL PAID	$	785 00

General Invoice
Date of G.I. 2/11/87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Center of grave

Date 02-04-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Maud Burham

in a Ash Vault (Vault/Liner) Funeral, date, time Sat. 2/7 11:30

Church, Chapel, Graveside Encinitas Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 200 Grave 11 Row _____ Section _____ Division/Block 4 5

Grave space & Care Fund (1931)	Preneed
Additional spaces and care fund Sat. OT	190.00
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	432.40
Paid receipt number 34222	432.40
Balance due	0

PAID
FEB 19 1987
dr 533
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Dau - Nancy Deacon

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 052931

Acct. # 020804

Work Order # E 6436

PY-593 (REV. 8-85)

legal desc typed

E 64436

PERMIT FOR DISPOSITION OF HUMAN REMAINS #55499

USE BLACK INK. MAKE NO ALTERATIONS OR ERASURES

Encinitas

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Maud Burnham	Female	Dec. 14, 1897	Feb. 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Encinitas	San Diego	Nancy B. Deacon, Daughter 408 Sortais Rd. Durango, CO 81301

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Encinitas Mortuary 340 Melrose Ave. Encinitas, CA	857

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR 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 Cypress View Crematory 3953 Imperial Ave. San Diego, CA	DATE CREMATED 2/5/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ A. Buenrostro
BURIAL AT SEA OR DISPOSITION OTHER 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 FEB 4 - 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 7 1987 (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.

E6436

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/27/87

DATE: 02/27/87
TIME: 201515
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
052931	02/11/87	020804	NANCY B. DEACON					02/19/87	CK	E6436	432.40	432.40	0.00
			100	072		77181	000072				105.00		PAID IN FULL
			100	072		77182	000072				40.00		
			100	072		77183	000072				285.00		
			60101			78390					2.40		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 432.40

OFFICIAL RECEIPT

E 6436

№ 34222

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 2-19-87, 19

From: Rubel Burnham Address: 7830 Tecbrada Circle 92008

Four Hundred Thirty-two and 40/00 Dollars ($ 432.40)

In full Payment of Interment of Mary Maud Burnham dec'd

Lot 200 Grave 11 Row — Section 5 Division 4 Block

Invoice No. 052931

Acct. No. C2C814

W.O. E-6436

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☒

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 533

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 12 1987

CA 533

ISSUED BY Peggy Stetler

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77151	
Burial Containers	100 77152	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76300	
TOTAL PAID	$	432 40

MT. HOPE CEMETERY

INTERMENT ORDER

Thurs

City of San Diego

Date 02-04-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Penner

in a Bell (Vault/Liner) Funeral, date, time Thurs. 2/5 1:30

Church, Chapel, Graveside Del Oaky Paris Fred ...ortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 2238 Grave ____ Row ____ Section ____ Division/~~Block~~ 10.

Grave space & Care Fund ..... D-544 (1971) ..... Renewed

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes .....

PAID
FEB 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called Elmer

Total Due 35 00

Paid-receipt number 34176 35 00

Balance due 0

I hereby certify I am the OK-Swd of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13771

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6437

Acct. # ____

PY-883 (REV. 8-86)

Legal typed

OFFICIAL RECEIPT

№ 34176

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/5/87, 19

From: Paris - Frederick Morty Address: PO 397 - El Cajon 92022

Thirty five 00/100 Dollars ($ 35.00)

In full Payment of Interment fee - Recording & office fee

Lot 2238 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. ~

Acct. No. ~

W.O. E-6437

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 13771

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	—
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

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.

E 6437

IS-FREDERICK MORTUARY

DATE	DESCRIPTION		AMOUNT
2/4/87	Cemetery charges for DAC 7727 Ethel Pinner	5500	$35.00
	SC		

PARIS-FREDERICK MORTUARY

EMPLOYEE

PERIOD ENDING	EXPLANATION OF YOUR EARNINGS				TOTAL EARNINGS	WE PAID OUT THE ITEMS LISTED BELOW FOR YOU					NET AMOUNT OF CHECK
	HOURS	RATE	REGULAR EARNINGS	OVERTIME AND OTHER		F. I. C. A. TAX	FEDERAL WH. TAX	STATE WH. TAX	S.D.I.		

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6437

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ethel Pinner	Female	May 27, 1904	Feb. 3, 1987

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 Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary, 374 No. Magnolia Ave., El Cajon, CA	795

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, 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: FEB 04 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pomas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/5/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Loyce 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 Feb 4, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilhelmina Johnson

in a T.L. Vault (Vault/Liner) Funeral, date, time 11 Am 2/6/Fri

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 199 Grave 2 Row ~ Section 21 Division/~~Block~~ 12

Grave space & Care Fund ..... Space & Care	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... T.L. Comute Vault	175.00
Handling Fees	170.00
~~Flower vases~~ - Marker setting fee	~
Recording and filing fee	36.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 34165	1205.50
Balance due	0

PAID
FEB 4 1987
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 Harriet Gardner
Signature
550 Orford St #108
Address
Chula Vista CA 92011
State Zip Code
425-5519
Telephone

Invoice # _____

Work Order # E 6438

Acct. # _____

PY-583 (REV. 9-85)

legal typed

OFFICIAL RECEIPT

№ 34165

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 4, 1987

From: Harriet Gardner Address: 550 Oxford St. CV 92011

Twelve Hundred Ninety-five & 50/100 Dollars ($1205.50)

In full Payment of Interment fees for W. Johnson - dec

Lot 199 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. ~

Acct. No. ~

W.O. E6438

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 Georgen Stetter

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	396.00
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	83003 9022	—
Sales Tax	60101 78390	10.50
TOTAL PAID		$ 1205.50

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E4438

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VILHELMIA VIRGINIA JOHNSON	Female	Oct. 17, 1894	Feb. 3, 1987

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	Harriet Gardner - Daughter 550 Oxford St. Apt. 108 Chula Vista, CA 92011

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 Martin Luther King Dr.: 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: FEB 5 1987	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 FEB 6 1987 (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 7 _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Tanner

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 ..... _____

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 6439

Acct. # _____

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Purchased Trust Deposit

Date 2/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth E Ambler

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 792 Grave — Row 2 Section 3 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Deposit to Trust fund Interment
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	606.00
Paid receipt number 34769	606
Balance due	0

PAID
FEB 4 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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.

Ruth E. Ambler
Signature

3670 Marlborough
Address

SD Ca 92105
State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Legal Typed

Invoice # _____

Work Order # E 6440

Acct. # _____

PY-883

E6440 № 34169

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-4-87, 19

From: Ruth E. Ambler Address: 3670 Marlborough Av - SD 92105

Six Hundred Six and no/100 Dollars ($ 606.00)

In Trust Deposit Payment of Pre need trust deposit for the use of Ruth E. Ambler

Lot 792 Grave — Row 2 Section 3 Division ~~Block~~ 8

Invoice No. —

Acct. No. —

W.O. E-6440

BALANCE DUE Deposited to trust

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☒ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED [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 76380		
TOTAL PAID	$	606	00

AC-212 (Rev. 11-86) 5817

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Ash Plat

Tues. 2/10/87 Date 02-05-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Wm. Andrews Sr.

in a Vault/Liner Funeral, date, time TUES 2/10 2:00

Church, Chapel, Graveside Chapel 9S: Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 2 Grave 14 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund E 5598 (1985) Planned

Additional spaces and care fund .....

Opening/Closing & Setup 705.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 3.00

Sales taxes .....

Total Due 708.00

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

239-4885
Telephone

✓ Work Order # E 6441

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6441

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John William Andrews	Male	Oct. 8, 1914	Feb. 5, 1987

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	Kathryn Andrews - Wife 950-8th Ave. San Diego, CA. 92101

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Crematory 14065 Olde Hwy80	DATE CREMATED 2/8/87	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 FEB 6 1987	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 FEB 10 1987 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 6, '87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Lee Harris

in a Liner (Vault/Liner) Funeral, date, time Tue 2-10 2:30

Church, Chapel, Graveside Ch & GS ; Anderson-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 24 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund E 2482 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	
Balance due	

Void Duplicate See E 6445

Ragsdale - called 2-26-87

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 6442 VOID

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 6 87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Beatrice Pope

in a ash Vault Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 72 Grave 13 Row _____ Section 100F Division/Block 6

Grave space & Care Fund	Prepaid
Additional spaces and care fund	N
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	2.40
Total Due	242.40
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 6443 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust Deposit:

Date 02-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Martha Walshek

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 19 Grave 2 Row _____ Section 4 Division/~~Block~~ 6

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 ..... APR 16 1987 .....

Recording and filing fee ..... MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. 35 00

Sales taxes 6 00

Total Due 606 00

02-09-87 Paid receipt number 34179 200 00

Balance due 406 00

(over)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Legal Typed

Work Order # E 6444

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Preneed Trust Deposit

		Bal Fwd.	$406 00
03-18-87	34323 ✓		100 00
			306 00
03-30-87	34358 ✓		160 00.
			146 00.
04-10-87	34413		80 00
			66 00
04-16-87	34441		66 00
			-0-

PAID
APR 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

MOUNT HOPE CEMETERY
3751 Market Street
San Diego, Cal. 92102

Tel: 264-3151

E 6444

11-19-86
Date

19	2		4	6	$ Preneed
Lot	Gr	Row	Sec	~~Blk~~/Div	

Interment Charges	$ 320 00
~~Vault~~/Liner	$ 251 00
Marker Setting Fee	$
Recording Fee	$ 35 00
Miscellaneous Charges	
	$
	$
	$
	$
	$ 606 00 Total

Enclosed, money order deposit for $200 00 [Two Hundred dollars].
Martha Walashek

Deposit to: Preneed Trust.

B. Lang
Estimate Given By:

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

E6444

P. O. Box 637
Hydesville, Calif.
Feb. 3, 1987

Mount Hope Cemetery.
Adm. Aide.

Dear Barbara Lang:

I spoke with you last December about pre-paid internment charges. I am enclosing a money order for $200.00 to pay towards the $606.00 estimate which you quoted to me. Lot 19 - Gr. 2 - Sec. 4.

I appreciate very much your help in the past finding the grave sights close to our mother, and other relatives.

Very Sincerely.

Martha Walashek

[Walashek]

E6444

P.O. Box 637
Hydesville, Calif.
March 9, 1987

Barbara Lang:

Enclosed find a money order for $100.00, toward Pre-need Trust Deposit.

Lot 19 - Grave 2 - Sec. 4 - Div. 6.

Martha Walashek

Thank you.

R 34323
3-18-87

E6444

PAID
MAR 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

P.O. Box 637
Hydesville, Calif.
March 23, 1987

Mount Hope Cemetery:

Dear Barbara Lang,

Enclosed find a money order for payment on grave linings

Thank you

Martha Walashek

$160.00

April 6, 1987

E6444

Mount Hope Cemetery
Attn. Barbara Lang

Enclosed find a money order for $80.00 - payment on pre-need trust.

Many Thanks

Martha Walashek

E6444

P.O. Box 637
Hydesville, Calif
April 14, 1987

Mount Hope Cemetery
Barbara Lang:

Find enclosed a check for the balance owed on the Preneed trust [Grave 2].

Could you mail me some information, and an address for tombstones etc. I would very much appreciate your help in this matter.

Thank You
Martha Walasek

E 6444 Nº 34179

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(9554?) Date: 02-09, 19 87

From: Martha Walashek Address: PO Box 637, Hydesville, Ca

two hundred and no/100 Dollars ($ 200.00)

In part Payment of Preneed Trust Deposit

Lot 19 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E 6444

BALANCE DUE $400.00

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 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	200.00
Sales Tax	60101 78390	
TOTAL PAID	$	200.00

OFFICIAL RECEIPT

№ 34323

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6444

(95547)

Date: 03-18, 19 87

From: Martha Walashek Address: PO Box 637 Hydesville, Ca

One hundred and no/100 Dollars ($ 100.00)

In part Payment of Preneed Trust Deposit

Lot 19 Grave 2 Row Section 4 Division ~~Block~~ 6

Invoice No.

Acct. No.

W.O. E6444

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.

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	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6444

№ 34358

(95547)

Date: 03-30, 19 87

From: Martha Walashek Address: P.O. Box 637, Hydesville, Ca

One hundred sixty and no/100 Dollars ($ 160.00)

In art Payment of Pre-need Trust Deposit

Lot 19 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E6444

BALANCE DUE $146.00

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. Kang

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	160	00
Sales Tax	60101 78390		
TOTAL PAID	$	160	00

AC-212 (Rev. 11-86)

№ 34413

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(95547)

Date: 04-10, 19 87

From: Martha Walashek Address: PO Box 637, Hydesville Ca

Eighty and no/100 Dollars ($ 10.00)

In part Payment of Preneed Trust Deposit

Lot 19 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E 6444

BALANCE DUE $66.00

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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34441

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

95547

Date: 04-16, 19 87

From: Frank Walasnek Address: PO Box 637, Hydesville, Ca

Sixty Six and no/100 Dollars ($ 66.00)

In full Payment of Preneed Trust Deposit

Lot 19 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E6444

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	66.00
Sales Tax	60101 78390	
TOTAL PAID	$	66.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Harris

in a _____ Vault/Liner Funeral, date, time 2/10-2 P.M. Tues.

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 24 Grave 2 Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund Pre need E-2482 ~

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Concrete Liner 100.00

Handling Fees 145.00

Flower vases ~ Marker setting fee ~

Recording and filing fee 35.00

Sales taxes FEB 9 1987 6.00

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 606.00

Paid receipt number 34181 606.00

Balance due 0

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

John D. Favara
Signature

6293-50th St. Apt. E
Address

S.D. CA. 92102
State Zip Code

262 6805
Telephone

legal typed

Work Order # E 6445

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

№ 34181

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-9-87, 19__

From: A. Favors Address: 3010 Analiese Way - S.D 92139

Six Hundred six and no/100 Dollars ($ 606.00)

In full Payment of Interment fees for Bertha Hanes - due

Lot 24 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E 6445

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 918

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	320	00
Burial Containers	100 77182	180	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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 4445

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Bertha Harris	Female	Oct. 22, 1903	Feb. 5, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Ruth Patrick - Niece 3003 Plato Drive San Diego, CA 92139

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	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: FEB 9 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: FEB 10 1987 (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 02-09-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lydia L. Buehn

in a T.S. Vault Funeral, date, time Fri 2/13 1:00

Church, Chapel, Graveside (vault/crypt) : 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 4194 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund C-7681 (1969) Preneed

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container Vault furnish - T.S. Vault ~~175.00~~

Handling Fees 170.00

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes ~~10.50~~

Called by Harry

PAID

Paid receipt number 34204

FEB 13 1987

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Total Due ~~525.00~~ 545.00

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 6446

Acct. # ____

PY-583 (REV. 8-85)

Will bring Check

№ 34204

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/13/87, 19

From: Merkley-Mitchell Address: 3655 Fifth St. SD-92103

Five Hundred Twenty five and no/100 Dollars ($ 525.00)

In full Payment of Opening & Closing - Handling fee for Vault and Rec. fees for Lydia L. Brehm - Ides

Lot 4194 Grave ~ Row ~ Section ~ Division ~~Block~~ 10

Invoice No. ~

Acct. No. ~

W.O. E-6446

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5161

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Joyce Stetter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	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

E 64446

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lydia Louise Biehn	Female	23 Jan 1901	6 Feb 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Burlingame	San Mateo	Marley M. Biehn - Son 1216 Sheila Lane Pacifica, California 94044

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Nauman & Lincoln Mortuary	712

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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
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 2-10-87 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Jon Bodie, M.D. MX
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/13 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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 225 37th Avenue, San Mateo, California		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard S & Gladys May Watt

in a Urn Vaults (Vault/Liner) Funeral, date, time open

Church, Chapel, Graveside - McCloud - Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Howard - WW2 - Navy -

Lot 6 Grave 8 Row ~ Section MAS Division/Block R

Grave space & Care Fund Deed 11057	—
Additional spaces and care fund	—
Opening/Closing & Setup 2X - Husband + Wife	105.00
Burial Container Urn 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 34182	242.40
	484.80
Balance due	484.80
	0

$484.80 for both

Ck# 155

I hereby certify I am the Myself & My 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

PAID
FEB 9 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Howard S Watt
Signature

2300 E. VALLEY PKWY 150
Address

ESCONDIDO CA 92027
State Zip Code

745-1257
Telephone

Invoice #

Acct. #

Work Order # E 6447

PY-593 (REV. 8-86)

Legal Typed

George Stitt PRENEED TRUST

OFFICIAL RECEIPT

Trust Deposit

№ 34182

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-9-87, 19

From Howard & Gladys Watt Address: 2300 E. Valley Pkwy Escondido 92027

Four Hundred Eighty-four & 80/100 Dollars ($ 484 80/xx)

In Deposit Payment of Installment Fee for Howard & Gladys Watt in Mt. Hope

Lot 6 Grave 8 Row — Section MAS Division Block R

Invoice No. —

Acct. No. —

W.O. E6447

BALANCE DUE full Deposit

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 155 9007101

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Georgia Watt

CREDIT		
20% Sales Care	67007 77184	210 00
80% Sales of Lots	100 77184	840 00
Opening/ Closing	100 77181	150 00
Burial Containers	100 77182	70 00
Handling Fee	100 77183	484 80
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	484 00

Bill

(D.I.P.) Bottom

County Case # 1024310

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-09-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Manuel Parra-Carrillo

in a _____ Funeral, date, time 9:30 Am - 2/12 - Thur

Vault/Liner

Church, Chapel, Graveside Delivery ; So. 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 159 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number	
Balance due	

Called by Jackie So. Ca. Crem.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

County of SD

Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Invoice # 053765

Work Order # E 6448

Acct. # 000952

PY-593 (REV. 8-85)

mex - male

DOB
03-25-36

DOD
11-28-86

PA Officer Hoffstedder

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6448

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Manuel Parra-Carrillo	Male	3-25-1936	11-28-1986

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	Public Administrator(Exe.) 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. 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		COUNTY
	Mt. Hope Cemetery 3751 Market Street San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
	N/A		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (OF CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	N/A		
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: FEB 11 1987	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 FEB 12 1987 (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

CERTIFICATE OF DEATH

E 6448

STATE FILE NUMBER

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: aka ELISEO MANUEL | 1B. MIDDLE: --- --- | 1C. LAST: CARRILLO PARRA-CARRILLO

2A. DATE OF DEATH (MONTH, DAY, YEAR): November 28, 1986 | 2B. HOUR: 1539

3. SEX: Male | 4. RACE/ETHNICITY: Caucasian | 5. SPANISH/HISPANIC: NO ☐ Yes | 6. DATE OF BIRTH | 7. AGE (YEARS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9. NAME AND BIRTHPLACE OF FATHER | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER

DOE, John
GG2444-86
PARRA-CARILLO

11A. CITIZEN OF WHAT COUNTRY | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19__ TO 19__ | 12. SOCIAL SECURITY NUMBER | 13. MARITAL STATUS | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)

15. PRIMARY OCCUPATION | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | 18. KIND OF INDUSTRY OR BUSINESS

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19B. | 19C. CITY OR TOWN

19D. COUNTY | 19E. STATE | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

San Diego County Coroner
5555 Overland Avenue
San Diego, California 92123

PLACE OF DEATH

21A. PLACE OF DEATH: University of California Medical Center | 21B. COUNTY: San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 225 Dickinson Street | 21D. CITY OR TOWN: San Diego

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): Pending

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B):

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION | DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION): Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: DAVID J. STARK, Coroner | 35C. DATE SIGNED: 11-29-86

36. DISPOSITION: Temporary Envaultment | 37. DATE—MONTH, DAY, YEAR: DEC 15 1986 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6408

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): San Diego County Coroner | 40B. LICENSE NO. | 41. LOCAL REGISTRAR—SIGNATURE | 42. DATE ACCEPTED BY LOCAL REGISTRAR

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

04/23/87 № 34462

E6448

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-22, 19 87

From: County of SD Address: 5201-A Rueen Rd SD 9[illegible]

One hundred forty five and no/100 Dollars ($ 145.00)

In full Payment of Manuel Parra-Carrillo Services

Case # 1024310

Lot 159 Grave 1 Row Section 2 Division Block 11

Invoice No. 053765

Acct. No. 100952

W.O. E6448

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	$	145.00

AC-212 (Rev. 11-86)

E6448

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-L02

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/23/87

DATE: 04/23/87
TIME: 220737
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053765	03/05/87	000952	COUNTY OF SAN DIEGO					04/22/87	CK	04-810873	145.00	145.00	0.00
		E6448	100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Judeth Miller

in a Bell Lenn (Vault/Liner) Funeral, date, time Thur - 2-12- 12:00

Church, Chapel, Graveside Church + G.S. ; Fairdale Mortuary.

All Funeral cars must 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 3 Row — Section 2 Division/Block 11

Grave space & Care Fund ..... Cem + Land	250 00
Additional spaces and care fund ..... Single	—
Opening/Closing & Setup	320 00
Burial Container ..... Comm. Bell Lenn	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 34183	400.00
Balance due	456.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Willard C. Miller
Signature

5115 Hilltop Dr
Address

CA 92114
State Zip Code

263-2774
Telephone

✓

Work Order # E 6449

Invoice # 053767

Acct. # 021063

PY-593 (REV. 9-85)

W.O. NO. E 6449

NOTE—STRAIGHT

$ 456.00 San Diego, California, Feb 9, 1987

-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 Fifty-six DOLLARS,

with interest from March 10, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Willard C. Mills

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

OFFICIAL RECEIPT

№ 34183

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/9/87, 19

From: Willard Miller Address: 5115 Hilltop 92114

Four Hundred and no/100 Dollars ($ 400.00)

In Part Payment of Interment Fees Lot
Judith Miller Dec'd

Lot 119 Grave 3 Row 7 Section 2 Division Block 11

Invoice No. 2
2

Acct. No.

W.O. E6449

BALANCE DUE 456.00

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 Rozen Stith

CREDIT		
20% Sales Care	67007 77184	50 00
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	150 00
Burial Containers	100 77182	
Handling Fee	100 77163	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6449

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JUDITH MILLER	Female	Dec. 12, 1938	Feb. 6, 1987

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	Willard Miller - Son 5115 Hilltop Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Fed. 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 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: FEB 12 1987	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 FEB 12 1987 (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.

5/13/87

OFFICIAL RECEIPT

№ 34562

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/11/87, 19

From: Willard Miller Address: 5115 Hilltop Dr. SD 92114

Two Hundred fifty and 00 Dollars ($ 250.00)

In Part Payment of #13484 - Judith Miller Services

Lot 119 Grave 3 Row Section 2 Division Block 11

Invoice No. 053767

Acct. No. C21063

W.O. E 6449

BALANCE DUE 206.00

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

MAY 13 1987

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	
Sales Tax	60101 78390	
TOTAL PAID	$	250.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

We select

Date 02-09-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Will Henry Coleman in a Bell Vault/Liner Funeral, date, time Fri 2/13 11:00 Church, Chapel, Graveside : Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✔ Lot 97 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 34197	856 00
Balance due	-0-

PAID
FEB 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Ragdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6450

Acct. # _____

PY-593 (REV. 8-85)

Mortuary to bring Check

№ 34197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-11, 19[illegible]

From: Betty Coleman Address: 5050 Federal Blvd SD [illegible]

Eight hundred fifty six and no/100 - Dollars ($ 856.00)

In full Payment of Will Henry Coleman

Lot _____ Grave _____ Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E6450

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	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	30	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	[illegible]	00
TOTAL PAID	$	136	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6450

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Will Henry Coleman	Male	Feb. 24, 1924	Feb. 6, 1987

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 Centro	San Diego	Betty R. Coleman - Wife 2485 56th Street San Diego, CA 92105

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 Martin Luther King Dr.: 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 02-11-87
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/13/87 (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 Imperial County : 1007 W. Hamilton St.: El Centro, CA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

Double Depth Crypt

Date 02-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loyal Rader

in a Double Crypt Funeral, date, time Fri 2/13 1:30

Vault/Lawn

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 51 Grave 6 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D-2688 (1973) Preneed

Additional spaces and care fund ....

Opening/Closing & Setup 320 00

Burial Container 330 00

Handling Fees 320 00

Flower vases - Marker setting fee ....

Recording and filing fee 35 00

Sales taxes 19.80

Total Due 1024.80

Called by Dorothy

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 # 053768

Work Order # E 6451 ✓

Acct. # 019825

PY-583 (REV. 8-85)

Mortuary to bring check for Pac. Bch.

PERMIT FO[redacted]SPOSITION OF H[redacted]N REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6451

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LOYAL RADER	MALE	AUG. 9, 1908	FEB. 10. 1987

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	THELMA M. RADER-WIFE 4231 MT. PUTNAM 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: FEB 11 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/13/87 (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: 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.

04/29/87 № 34474

E 6451

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-23, 1987

From: Pacific Beach Mt. Address: 4 Mt Cass St. Sh. Ca. 92109

One thousand twenty four and 80/100 Dollars ($ 1024.00)

In full Payment of Royal Rader Services

Lot 51 Grave 6 Row Section 1 Division Block 11

Invoice No. 153768

Acct. No. 019725

W.O. E 6451

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. Fang

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	$	1024.00

AC-212 (Rev. 11-86)

E6451

053768 03/05/87 019825 PACIFIC BEACH MORTUARY 05/09/87 JV JV29293 0.80 1,024.80 0.00
100 072 77181 000072 0.25 PAID IN FULL
100 072 77182 000072 0.26
100 072 77183 000072 0.28
60101 78390 0.01

E6451 mt. Hope E6451

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/29/87

DATE: 04/29/87
TIME: 200856
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
053768	03/05/87	019825	PACIFIC BEACH MORTUARY					04/23/87	CK	57685	1,024.00	1,024.80	0.80
			100	072		77181	000072				319.75		PARTIAL PAYMENT
			100	072		77182	000072				329.74		
			100	072		77183	000072				354.72		
			60101			78390					19.79		

E6451

MEMO

☐ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO Joan Talbert
Auditors

Pacific Lead Mart
Acct # 019825
Inv # 053768

FOLD

MESSAGE Payee paid $1024.80 but only $1024.00 was credited. Please research what happened to the 80¢.

Thanks

SIGNED Sandy Ward
MT Hayes - Admin Aide II

REPLY

Per attached it appears the .80 cents is there

FOLD

SIGNED Ernest

DATE 7-9-87

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE
* * * REBILL * * *

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

615

E6451

PACIFIC BEACH MORTUARY
4710 CASS STREET
SAN DIEGO CA 92109

ACCT NO
019825

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/05/87	04/04/87	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
BARBARA LANG REF NO: E-6451
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264 3151

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,024.80
PAYMENTS RECEIVED TO DATE	1,024.00-
REMAINING TOTAL DUE	0.80

ck# 5496 4-20-87

AC-22 (REV. - 2/82)

RETURN WITH PAYMENT INV NO. 053768

E6451

MISSION BAY CHAPEL
& PACIFIC BEACH MORTUARY, INC.
4710 CASS ST. 488 5[illegible]
SAN DIEGO, CA [illegible]

57685

90-4036/1222

April 20 1987

PAY TO THE ORDER OF Mt Hope Cemetery $ 1,024 80/100

[illegible] DOLLARS

First Bank
NATIONAL ASSOCIATION
960 Grand Ave.
San Diego, California 92109

Max L. Trudersheim
Dorothy M. Trudersheim

1024 80

⑈057685⑈ ⑆122240366⑆ 100⑈001015⑈ ⑈0000102480⑈

E4451

MOUNT HOPE CEMETERY
3751 MARTIN L. KING WAY
(FORMERLY MARKET STREET)
SAN DIEGO CA 92102

34974

E 6451

REQUESTED TRANSACTIONS DISPLAYED

ACR07I INVOICE INQUIRY PG 3

INVOICE: 053768 INV TOTAL: 1,024.80

ACCOUNT 019825 NAME: PACIFIC BEACH MORTUARY

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
04/29/87	04/23/87	1,024.00	CK	57685
05/05/87	05/05/87	.80	JV	JV29293

DEPRESS PA1 KEY FOR NEXT SCREEN

ACR07I INVOICE INQUIRY PG 4

INVOICE: 053768 INV TOTAL: 1,024.80

ACCOUNT: 019825 NAME: PACIFIC BEACH MORTUARY

ACCOUNTING DATA

(A = DISTRIBUTION, B = APPLIED, C = CREDIT MEMO)

	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
(A)	100	072		77181	000072				320.00
(B)	100	072		77181	000072				320.00
(A)	100	072		77182	000072				330.00
(B)	100	072		77182	000072				330.00
(A)	100	072		77183	000072				355.00
(B)	100	072		77183	000072				355.00
(A)	60101			78390					19.80
(B)	60101			78390					19.80

REQUEST COMPLETED DEPRESS PA1 KEY TO CONTINUE

No .80 is there

E6451

MEMO

☐ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO Ann Talbot
Auditors

Pacific Lead Mfg
Acct # 019825
Inv # 053768

FOLD

MESSAGE

Payee paid $1024.80 but only $1024.00 was credited. Please research what happened to the 80¢.

Thanks

SIGNED Sandy Ward

REPLY

MT Hayes - Admin Aide II

FOLD

SIGNED

DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE
REBILL

615

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E6451

PACIFIC BEACH MORTUARY
4710 CASS STREET
SAN DIEGO CA 92109

ACCT NO
019825

TREASURERS USE ONLY

PAYMENT DATE
BY: CA CK IF

PAYMENT REF NO

AMT PAID:

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/05/87	04/04/87	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
BARBARA LANG REF NO: E-6451
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264-3191

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,024.60
PAYMENTS RECEIVED TO DATE	1,024.60-

REMAINING TOTAL DUE 0.00

ck# 576
4-20-87

AC-22 (REV. - 2/82)

RETURN WITH PAYMENT INV NO. 053768

E6451

MISSION BAY [illegible]
A PACIFIC BEACH MORTUARY, INC

57685

April 20 1987

Mt Hop Cemetery $1,024 80/100

DOLLARS

First Bank

Max L. Trudersheim
Dorothy M. Trudersheim

⑈057685⑈ ⑆122240386⑆ 100-001015⑈ ⑈0000102480⑈

E6451

MOUNT HOPE CEMETERY
3751 MARTIN L. KING WAY
(FORMERLY MARKET STREET)
SAN DIEGO, CA 92102

3 7

4710 Cass Street
San Diego, California 92109

SAN DIEGO, CA 921
PM
4 JUN
1987

ALWAYS USE
ZIP CODE
USA
22

SAN DIEGO
CITY TREAS.
JUN05'87
PAID #13

E6451

City Treasurer
P. O. Box 2289
San Diego, Ca. 92112

AKA Miguel Madera Romeria

County Case # 102483

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(DIP-TOP)

Date 02-11-87

AKA Eduardo Romeria Madero

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miguel Madera AKA Refugio Romeria

in a _____ (Vault/Liner) Funeral, date, time Thurs 2/12 11:30

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 159 Grave 1 Row ____ Section 2 Division/~~Block~~ 11

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	

Called by Pat Williams

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

County of SD
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 053766

Work Order # E 6452

Acct. # 000952

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6452

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#2129-86	Male	July 4, 1964	Found Oct. 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
Valley Centery	San Diego	San Diego County Coroner 5555 Overland Avenue 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: 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: FEB 12 1987	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 FEB 12 1987 (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.

E6452

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
John	---	Doe CC#2129-86	FOUND October 12, 1986	0945

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: DAYS / IF UNDER 24 HOURS: MINUTES)
Male		NO ☐		YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER

DOE
CC 2129-86

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)
	19__ TO 19__			

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN

19D. COUNTY	19E. STATE

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Found, embankment	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Approx. 30 ft. S. of State Highway 76, approx. 3 mi. E. of S. Grade Road	Valley Center

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

San Diego County Coroner
5555 Overland Avenue
San Diego, California 92123

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Gunshot wound, head

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B)

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) / I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Homicide	Undeterminable	No	FOUND October 12, 1986	0945

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
Undeterminable	Shot in head by another person.

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
Investigation	DAVID J. STARK, Coroner	10-13-86

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Temporary Envaultment	OCT 24 1986		6536 John W Rodriguez

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
San Diego County Coroner			

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

E6452

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
John	---	Doe CC#2129-86

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
FOUND October 12, 1986	0945

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: DAYS / IF UNDER 24 HOURS: MINUTES)
Male		NO ☐		YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
	19__ TO 19__			

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS

DOE CC 2129-86
MADERA

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN

19D. COUNTY	19E. STATE

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Found, embankment	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Approx. 30 ft. S. of State Highway 76, approx. 3 mi. E. of S. Grade Road	Valley Center

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

San Diego County Coroner
5555 Overland Avenue
San Diego, California 92123

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Gunshot wound, head

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

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?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
Yes	No	Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	DATE
None	No	

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Homicide	Undeterminable	No	FOUND October 12, 1986	0945

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
Undeterminable	Shot in head by another person.

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
Investigation	DAVID J. STARK, Coroner	10-13-86

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Temporary Envaultment	OCT 24 1986		6536

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
San Diego County Coroner			

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

04/23/87

№ 34464

E6452

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-22, 19 87

From: County of [illegible] Address: 5201-A [illegible]

One hundred forty five and no/100 Dollars ($ 145.00)

In full Payment of Miguel Madera Services

Case 102483

Lot 159 Grave 1 Row Section 2 Division Block 11

Invoice No. 053766

Acct. No. 000952

W.O. E ~~[illegible]~~ 6452

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	$	145.00

AC-212 (Rev. 11-86)

E6452

053766	03/05/87	000952	COUNTY OF SAN DIEGO	100	072	77181	000072	145.00	
				100	072	77184	000072	90.00	
								55.00	
			04/22/87 CK 04-310874					145.00	PAID IN FULL

E6452

0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-11-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John A. Hall, Jr.

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Merkley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave 7 Row 9 Section 8 Division/~~Block~~ 7

Grave space & Care Fund ..... (1941) Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 3 00

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due _____

Sent to Memorial

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6453

Acct. # _____

PY-593 (REV. 9-88)

Pre need
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Rufus Ray Owens

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 2

Lot 3040 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 34196 ✓	20 00
Balance due	575 00

Pre need
Credit
Sale

(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 6454

Acct. # _____

PY-593 (REV. 8-85)

		575.00
03-10-87	34280	25.00
		550.00
04-08-87	34403	25.00
		525.00
05-20-87	34596	25.00
		500.00
06-5-87	34660	25.00
		475.00
7-8-87	34793	25.00
		450.00
8-5-87	34888	25.00
		425.00
9-8-87	35007	25.00
		400.00
10-6-87	35115	50.00
		350.00
11-16-87	35304	25.00
		325.00
12-10-87	35417	25.00
		300.00
1-21-88	35587	25.00
		275.00

E6454 № 34196

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/11/87, 19__

From: Willie Fifer Address: 3804 Superior SD

Twenty and no/100 Dollars ($ 20.00)

In Credit Sale Payment of Deposit on Space

Lot 3040 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 6454

BALANCE DUE 575.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
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 78390	—
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

E6454 № 34280

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-10, 1987

From: Jessie MacDuan Address: 255 So 38th St SD Cr 7-113

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6454

BALANCE DUE $550.00

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. Gang

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)

OFFICIAL RECEIPT

№ 34403

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-08, 19 07

From: Jessie Mae Owens Address: 255 S. 30th St Ca 92113

Twenty five and no/100 Dollars ($ 25.00)

In fact Payment of Preneed lot for Ray Owens

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6454

BALANCE DUE $525.00

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	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)

E6454 № 34596

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-20, 19 87

From: Jessie Mae Owens Address: 355 So. 30th St. Ch. 92113

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed Lot for Ray Owens

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6454

BALANCE DUE $500.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
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)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6454

№ 34660

Date: 06-05, 19 [illegible]

From: [illegible] Address: 255 S. 30th St. Ca 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed Lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6454

BALANCE DUE $475.00

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	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)

OFFICIAL RECEIPT

№ 34793

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-8 19 87

From: Jessie Owens Address: 255 S. 18th St. S.D. 92113

Dollars ($ 25.00)

In Payment of Coupon #5 Credit Lot Sales

Lot 3040 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6454

BALANCE DUE $450.

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

349

AC-212 (Rev. 11-86)

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	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 —

OFFICIAL RECEIPT

№ 34888

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5 , 1987

From: Jessie Mae Owens Address: S.D.

Twenty-five Dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale - Coupon #6
E-6454

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 357

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 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

№ 35115

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-6 , 19 87

From: Jay Owens Address: 255 S. 35th St, SD 92113

Fifty Dollars Dollars ($ 50.00)

In Payment of Canyon 879 Credit Lot

Lot 3510 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6454

BALANCE DUE 350.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐
369

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy 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 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

№ 35007

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: Jessie MacOwens Address: 255 S. 38th, 92113

Twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon # 7, Credit Sale

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE $400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

381

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 —

AC-212 (Rev. 11-86)

E6454 № 35304

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-16 1987

From: Jessie M. Owens Address: 255 S. 38th Street, SD
Twenty - Five Dollars ($ 25.00)

In _____ Payment of Canyon #4 Credit Sale

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 325.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
410

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Wood

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)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35587

Date: 1-21 19 88

From: Jessie Mae Owens Address: 253 S. 38th St, SD CA 92113

Agent - Fee Dollars ($ 25.00)

In Payment of Coupon 11 Credit Act

Lot 340 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6454

BALANCE DUE 275.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
434

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 27 1988

ISSUED BY Andrea Reed

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** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		X									

Amount due when paid on, or before, due date above: 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ 26.00

Amount Received $ _____

NAME Ray Owens

ADDRESS 255 So. 38th Street

CITY San Diego, STATE Ca, ZIP 92113

☐ check (✓) if this is new address

P.O. BOX 7881
CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY REV. 3-84

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		X									

Amount due when paid on, or before, due date above. 10th ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 26.00

Amount Received $ 25.00

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
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: $ 25.00

0th

Amount due if paid more than ____ days after due date above: $ 1.00

$

Amount Received $

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		X									

Amount due when paid on or before due date above. $ 25.00

10th

Amount due if paid more than 10 days after due date above. $ 1.00

$

$

Amount Received $ 15.00

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray. Owens
255 So. 38th St.
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: $ ✓ 25.00

10th

Amount due if paid more than ____ days after due date above: $ 1.00

$

Amount Received $ 25.00

NAME RAY OWENS

ADDRESS 255 So. 38 Street

CITY San Diego 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. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		X									

Amount due when paid on, or before due date above 10th $ 25.00

Amount due if paid more than 10 days after due date above $ 1.00

$

Amount Received $

NAME Ray Owens

ADDRESS 265. So. 38th Street

CITY San Diego. STATE Ca. ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
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: $ 25.00

10th

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego 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-6454

Ray Owens
255 So. 38th St.
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. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6454

Raz Ovens
255 So. 38th St.
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 — $ 25.00

Amount due if paid more than ____ days after due date above: — $ 1.00

$ _____

Amount Received $ _____

NAME Ray Ovens

ADDRESS 255. So. 38 Street

CITY San Diego. STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		X									

Amount due when paid on or before due date above. 10th $ 25.00

Amount due if paid more than 10 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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

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

10th

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME R.V. Owens

ADDRESS 255. So 38 Street

CITY San Diego STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Kay Owens
255 So. 38th St.
San Diego, CA 92113

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 $ 25.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

Amount Received $

NAME Kay Owens

ADDRESS 255 So 38 Street

CITY San Diego STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		X									

Amount due when paid on or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME R A Owens

ADDRESS 255. So.

CITY San Diego, STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6454

Ray-Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		X									

Amount due when paid on, or before, due date above. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 25.00

NAME Ray Owens

ADDRESS 255 So. 38th St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Evens
255 So. 38th St.
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 ▶ $ 25.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ ____

Amount Received $ ____

NAME Ray F Evers

ADDRESS 255 So. 38 Street

CITY San Diego STATE Ca, ZIP 92113

☐ check (✓) if this is new address

[redacted]
P.O. BOX [redacted]
CHICAGO, IL 60680
PRINTED IN U.S.A. BY [redacted] REV. 5-84

Send or bring one coupon with each remittance* **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 35th St.
San Diego, CA 92333

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		X									

Amount due when paid on or before due date above. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego, STATE Ca, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6434

Ray Owens
255 So. 38th St.
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. $ 25.00

9th

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Received $

NAME RAY-OWENS

ADDRESS 255 So. 38 Street

CITY S-D. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance: **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Kay Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		X									

Amount due when paid on, or before: due date above. 10th $ 25.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

Amount Received $

NAME RAX-owens

ADDRESS 255 So. 38 Street

CITY S.D. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-0434

Ray Owens
255 So. 38th St.
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 ▶ $ 25.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ _____

NAME Ray Owens Amount Received $ _____

ADDRESS 255 So. 38 Street

CITY S. D STATE Ca. ZIP 92113

☐ check (✓) if this is new address

P.O. BOX 7600
CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY REV. 5-84

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Ovens
255 So. 38th St.
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. 9th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Ray Ovens

ADDRESS 255 So. 38 Street

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
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 $ 25.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Ray Owens

ADDRESS 255 So. 38 Street

CITY San Diego. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6434

Ray Owens
255 So. 38th St.
San Diego, CA 92113

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. Oct 10 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Ray-overs

ADDRESS 255 So. 38th

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
25.00		25.00									

Amount due when paid on, or before, due date above. 10th $ 25.00

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Received $

NAME RAY Owens

ADDRESS 255 So. 38 St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6454

Ray Owens
255 So. 38th St.
San Diego, CA 92113

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: 25.00

Amount due if paid more than 10 days after due date above: 1.00

Amount Received $

NAME RAY Owens

ADDRESS 255 So. 38 St.

CITY S.D. 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
264-3151

№ 35675

Date: 2-8, 1988

From: Ray Evans Address: 255 S. 38th St. SD

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of Coupon #13 Credit Lot

Lot 3040 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6454

BALANCE DUE 250.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

447

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 10 1988

ISSUED BY Sandra 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

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35832

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: Kay Owens Address: 255 S. 38th Street, SD

Twenty-five 10/100 Dollars ($ 25.00)

In _____ Payment of Garage #14 Credit Lot

Lot 3040 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 225.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

454

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Wood

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35988-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: Jessie MacCrosser Address: 255 S 38th St, SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

493

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	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35417

Date: 12-10, 1987

From: Kay Owens Address: 255 So. 38th St. S.D. 92113

Twenty-five dollars & 00/100 Dollars ($ 2500)

In full Payment of Credit (1st sales) coupon #12

Lot 3040 Grave ~ Row ~ Section ~ Division 10 Block 10

Invoice No.

Acct. No.

W.O. E-1454

BALANCE DUE 3000

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 341

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lisa Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

№ 36126

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-9, 19 88

From: Ray Owens Address: 255 S. 38th Street SD

Twenty five nd 00 Dollars ($ 25.00)

In _____ Payment of Coupon 15 Credit Cert

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 175.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 475

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	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

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36300

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-15, 1988

From: Jessie Mae Owens Address: 255 So. 38th St. SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Oregon 17, Credit Lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 150.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0109

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		
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

OFFICIAL RECEIPT

№ 36390

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: Jessie MacQueen Address: 255 S. 36th Street 50

Twenty - five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 16 Credit Lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 125.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0101

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	100	25 00
Lot	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	$	25 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

E6454 № 36539

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-9, 1988

From: Lesie Owens Address: 255 S. 33th Street

Twenty-five dollars Dollars ($ 25.00)

In payment Payment of Credit Lot Sales

Lot 3140 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6454

BALANCE DUE 225.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0119

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	—
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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36812

E6454

Date: 10-10, 1988

From: Jessie M. Owens Address: 255 S. 38th Street

Fifty Dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 19 & 20 Credit Lot for Kay Owens

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6454

BALANCE DUE 75.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0158 & 0159

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 14 1988

ISSUED BY Sandra Ward

CREDIT	67007	44	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	6	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6454 № 36967

Date: 11-14, 1988

From: Rae Owens Address: 255 S. 38th Street SD

Dollars ($ 50.00)

In _____ Payment of Coupon 21 & 22 Credit Lot

Lot 3040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-6454

BALANCE DUE 25.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0179

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

CREDIT	67007	50	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	$	50	00

NAME Owens, Ray ACCT. NO. E-6454

ADDRESS 255 S. 38th Street, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
F 11 87	Lot 3040, Division 10	595 00		320 00	275 00
2 88	Coupon 13, Receipt # 35675			250 00	250 00
3-8 88	Coupon #14 Receipt # 35832			250 00	225 00
4-7 88	Receipt 35988			250 00	200 00
5-9 88	Coupon 15, Receipt 36126			250 00	175 00
6-15 88	Coupon 17, Receipt 36385			250 00	150 00
7-8. 88	Coupon 16, Receipt 36390			250 00	125 00
10-10 88	Coupon 19 & 20 Receipt 36812			500 00	75 00
11-14 88	Coupon 21 & 22, Receipt 36967			500 00	25 00
12-8 88	Coupon 23-24, Receipt 37077			5000	+ 25 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37077

Date: 12-8, 1988

From: Ray Owens Address: 255 So. 38th St. San Diego Ca 92113

Fifty dollars & 00/100 Dollars ($ 50.00)

In Cash Payment of credit lot, coupons 23 & 24

Lot 3040 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No. E-1454

W.O.

BALANCE DUE + 25.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0278

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible] Black

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	25 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR DEC 12 1988

Recorded

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-11-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Lee Givens

in a Double Cuppt Vault Liner Funeral, date, time Wed - 2 PM 7/18

Church, Chapel, Graveside Church St : 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 No.

Lot 97 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund For Double Cuppt	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Cuppt	330.00
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 34199	245.00
Balance due 34217	1274.80

PAID
FEB 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ind Burial - 320 30 = 350

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.

X Annie Givens
Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6455

Acct. # _____

PY-593 (REV. 8-85)

Husband:

Willie T. Givens
2886 Franklin
L.D. Ca 92113
233-1697

1519.80
1274.80
245.00 - difference
1519 80

E6455 No 34199

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/12, 19 87

From: Willie T. Lovell Address 2886 Franklin - SD 92113

Two Hundred Forty Five and 00/100 Dollars ($ 245.00)

In Part Payment of Interment of Annie Lee Olivier - Dec

Lot 97 Grave 10 Row — Section 1 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 6455

BALANCE DUE 1274.80

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 Joyce Lott

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	245	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 99022		
Sales Tax	60101 76390		
TOTAL PAID	$	245	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6455

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNIE LEE GIVENS	Female	Dec. 2, 1923	Feb. 11, 1987

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	Willie T. Givens - Husband 2886 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 FEB 17 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/18/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. 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

OFFICIAL RECEIPT

№ 34217

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 17, 19 87

From: Ragsdale Mortuary Address: 5050 Federal Blvd S.D.

One thousand two hundred seventy four dollars and 80 Dollars ($ 1274.80)

In full Payment of Annie L. Givens Interment Charges
Burial 2-18-87

Lot 97 Grave 10 Row — Section 1 Division Block 12

Invoice No. —
Acct. No. —
W.O. E 6455
BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
ck # 7527

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY A Lowney

CREDIT			
20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77183	200	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	80
TOTAL PAID	$	1,274	80

Tuesday

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-11-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Wilson

in a TS Vault (Vault/Liner) Funeral, date, time 10:30 – Tues 2/14

Church, Chapel, Graveside Graveside ; Paris Fred Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2546 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container Vault –	175.00
Handling Fees – Heavy Casket – big gal	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	390.50
Paid receipt number	
Balance due	

Called by Bing ck
Elmer Phone OK

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 053769

Acct. # 021064

Work Order # E 6456

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6454

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edith Leona Wilson	Female	11-28-1903	Feb. 11, 1987

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	Doris M. Nix - Daughter 15405 Old Highway 80 El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary, 374 No. Magnolia Ave. El Cajon, CA	795

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, 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: FEB 13 1987	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 2/17/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgene Stalter	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 6456

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E 6456

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/16/87

DATE: 03/16/87
TIME: 211315
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053769	03/05/87	021064	PARIS-FREDERICK MORTUARY					03/10/87	CK	4108	390.50	390.50	0.00
			100	072		77182	000072				175.00		PAID IN FULL
			100	072		77183	000072				205.00		
			60101			78390					10.50		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 390.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Edwards in a Double Crypt (Vault/Liner) Funeral, date, time Fri 2/13 10:00 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 148 Grave 4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund Prneed E5896 Paid #245	$350.00
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	1374.80
Paid receipt number 34202	1374.80
Balance due	0

PAID
FEB 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Ragdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6457

Acct. # _____

PY-593 (REV. 8-85)

#11383

№ 34202

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-13, 19 87

From: Dorothy Edward Address: 1415 Tarbay [illegible] 92114

Thirteen hundred seventy four and 80/100 Dollars ($ 1374.80)

In full Payment of David Edwards Services

Lot 148 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 6457

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 B. Lang

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	221	00
Opening/ Closing	100 77181	321	00
Burial Containers	100 77182	320	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	$	1374	80

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E4457

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAVID EDWARDS	Male	Feb. 2, 1916	Feb. 8, 1987

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	Dodothy Edwards - Wife 1415 Tarbox Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale: San Diego, CA. 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: FEB 12 1987	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 2/12 (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 2/12/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Arthur Meyer ⊗

in a ash Vault Vault/Liner Funeral, date, time A.Y.P. Tues 2/17

Church, Chapel, Graveside None Lewis-Banks Mortuary.
Telephone

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 27 Grave 8 Row ____ Section MAS Division/Block O

Grave space & Care Fund	Prepaid
Additional spaces and care fund	
Opening/Closing & Setup At Foot of Space	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	2.40
Total Due	242.40
	242.40
Balance due	0

PAID
FEB 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
4207

We call Fred
When finished
Check With asher
Crt 64

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.

Via Phone - O.K. Bur

I hereby authorize the interment in lot I hold under deed.

FRED MEYER
Signature

Address

Signature of recorded holder of deed

City 297-1140
Telephone Zip Code

Work Order # E 6458

Invoice # ____

Acct. # ____

PY-593 (REV. 6-85)

LT

OFFICIAL RECEIPT

№ 34207

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: Arlene McFeron - Const Address: 12217 Fuerte Dr. El Cajon - 92020

Fuso hundred forty two and 40/100 Dollars ($ 242.40)

In full Payment of Inurnment of Howard Arthur Meyer - dec

Cremains in foot of Space

Lot 27 Grave 8 Row — Section MAS Division Block O

Invoice No. —

Acct. No. —

W.O. E 6458

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

664

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	—
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

4 [illegible] 25314

5-6458

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK [illegible] MAKE NO ALTERATION [illegible] ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Howald Arthur Meyer	Male	12-14-1895	01-31-1987

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	PRENEED TELOPHASE: 13910 Temple Street Poway, CA 92064

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
1333 Camino Del Rio S., San Diego, CA TELOPHASE SOCIETY	F1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 92102 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Manchester Ave., Anaheim, CA CREMAR CREMATORY-2299 S.	DATE CREMATED 2/3/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Dean M Perone
BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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 PRENEED TELOPHASE ▶ [signature] DATE SIGNED February 2, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 02 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald G. Pomeroy, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/17/87 (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 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.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

5-6458

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Henderson

in a Liner (Vault/Liner) Funeral, date, time 11 Am Tues - 2/17

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 4920 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
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 34216	606.00
Balance due	-0-

PAID
FEB 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Rags brings ck
ck. #102 in amt of 606.00
drawn on 1st Cal. Bank
1201 5th Ave
S.D.

I hereby certify I am the Via Phone - FD. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6459

FY-593 (REV. 8-86)

E6459

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUBY HENDERSON	Female	Apr. 23, 1914	Feb. 11, 1987

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	Worsham Caldwll - Son 3405 South Street San Diego, California 23803

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 FEB 17 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/17/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce W. 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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 34216

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 17, 1987

From: Worsham Caldwell Address: 3405 So. Street, Ettrick, Virginia 23803

Six hundred and six dollars and NO/100 Dollars ($ 606.00)

In full Payment of Ruby Henderson Interment Charges

Burial 2/17/87

Lot 4920 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6459

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.

CITY AUDITOR

FEB 23 1987

ISSUED BY Dave Downey

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

Check #102 in amt $606.00 drawn on Cal. 1st Bank

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathryn Andrews for John

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Setting fee Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 2 Grave 14 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases - Marker setting fee	130.00
Recorded and filing fee	—
Sales taxes	—
Total Due	130.00
Paid receipt number 34205	130.00
Balance due	0

PAID
FEB 14 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Call W. Lund
Installed

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Kathryn Andrews
Signature

Address

State Zip Code

239-4885
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6460

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34205

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/14, 19 87

From: Kathryn Andrus Address: 950 - 9th Ave #101 - SD. 92101

One Hundred Thirty & no/100 Dollars ($ 130.00)

In full Payment of Prepaid with application for G.I. Marker
Setting fee guaranteed

Lot 2 Grave 14 Row 2 Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6460

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 Joyce Stocker

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	130	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	130	00

Gate ok

Thur 1:30 Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy L. Campbell

in a Bell Liner (Vault/Liner) Funeral, date, time ~~[illegible]~~ - 1:30 2/18

Church, Chapel, Graveside D.O. - Witness ; Humphery Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO . D.O.

Lot 43 Grave 27 Row 2 Section MAS Division/~~Block~~ O

Grave space & Care Fund ... Pre need - C-0814 - (1964)	—
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ... Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 34206	606.00
Balance due	0

PAID
FEB 14 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alfonzo Campbell
Signature

Address

State Zip Code

420-3036
Telephone

Will Witness

Invoice #

Work Order # E 6461

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34206

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb 14, 19 87

From: Alfonso Campbell Address: 246 Broadway #5 - CV-92010

Six Hundred Six and 00/100 Dollars ($ 606.00)

In full Payment of Interment Fees for Dorothy L. Campbell

Lot 43 Grave 27 Row — Section MA5 Division Block O

Invoice No. —

Acct. No.

W.O. E6461

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-88)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

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	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID	$	606 00

PERMIT FO[redacted]SPOSITION OF H[redacted]N REMAINS

E4461

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOROTHY LAUREL CAMPBELL	Female	09-21-1910	02-14-1987

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	Alfonzo Campbell (Husband) 246 Broadway space #18 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: FEB 18 1987 — 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 2/19/87 (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.

F6461

MOUNT HOPE CEMETERY

Oct. 12 1972

The undersigned hereby requests and authorizes the interment of the remains of Dorothy L. Campbell in Lot 43 Gr 27 Row _____ Sec. MAS. ~~Block~~ Division O 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.

Genevieve L. Cook
Signature of relative or legal representative

930 C Ave. National City Ca. 477-4778
Address & relationship to deceased or authority to sign authorization

If husband Al Campbell pre-deceases Dorothy he is to go on bottom of grave

Witness

Witness

E6461

MOUNT HOPE CEMETERY

Oct. 12 1972

The undersigned hereby requests and authorizes the interment of the remains of

Al Campbell in Lot 43 Gr 27 Row _____ Sec. MAS

~~Block~~ Division O 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.

Genevieve L. Cook
Signature of relative or legal representative

930 C Ave. National City Ca.
Address & relationship to deceased or authority to sign authorization

477-4778

~~to go on~~
to be used only if death occurs before Wife (Dorothy Campbell)

_____
Witness

_____
Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reba L. Ford

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed - 10Am - 2/18

Church, Chapel, Graveside Chapel & G.S.; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 327 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre need A-9351	—
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	710.50
Paid receipt number 34210	710.50
Balance due	0

PAID
FEB 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Signature: Marvin L. Cobb

Address: 3569 Fairsome DC

State: La Mesa, Ca Zip Code: 92041

Telephone: 466-2906

Invoice #

Acct. #

Work Order # E 6462

PY-583 (REV. 8-86)

№ 34210

OFFICIAL RECEIPT

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: Mary E Cobb Address: 3569 Forrsonville La Mesa 92041

Seventhundred Ten Dr 50/100 Dollars ($ 710.50)

In full Payment of Interment of Reba Ford - Dec

Lot 327 Grave — Row — Section 1 Division Block 8

Invoice No. —

Acct. No. —

W.O. E-6462

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 255

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	—	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77183	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

E6462

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
REBA L. FORD	Female	September 19,1890	February 13,1987

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	California	Self-Pre Need Arrangement

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: FEB 18 1987	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 2/19/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Eugene Steller	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

VOID

Date 2-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina Renea Reynolds in a T.L. Vault (Vault/Liner) Funeral, date, time Fri - 11Am - 2/20 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 ____ .

Lot ____ Grave ____ Row ____ Section ____ Division/Block ____

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container T.L. Vault	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	See E-6466
Recording and filing fee	3 50
Sales taxes	10 50
Will bring in Cash Total Due	960.50
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

Void See E6466

Work Order # E 6463

PY-593 (REV. 8-88)

+Helen Darden
Signature
x 612 So. 40th St
Address
x San Diego, Ca
State Zip Code
x (619) 263-9211
Telephone

Invoice # ____

Acct. # ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 17, 87

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	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	46.00
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 6464

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 17, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Eliz. Holbrook

in a Liner (Vault Liner) Funeral, date, time 10Am Fri 2/20

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 264 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... Preneed	—
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 34219	606.00
Balance due	0

Paid 02-18-87

P.B 9:40

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

Raul L. Anderson
Signature

4659-3rd St. Apt. #8
Address

La Mesa, Ca. 92041
State Zip Code

463-5795
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6465

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

№ 34219

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-18-, 1982

From: Paul L. Anderson Address: 4659 Third St. Apt. 8, La Mesa 92041

Six hundred six dollars and 00/100 Dollars ($ 606.00)

In Full Payment of interment of Margaret E. Holbrook

Lot 264 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E6465

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) #2073

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	—
TOTAL PAID	$	606	—

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6465

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARET ELIZABETH HOLBROOK	Female	January 18,1891	February 17,1987

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	Marie E. Thrap - Sister 4659 Third Street # 8 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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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: 3751 Market St. 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 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: FEB 19 1987 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 2/20/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina Renea Reynolds

in a Liner (Vault/Liner) Funeral, date, time Fri - 11 A.M. 2-20

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 108 Grave 9 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 ..... 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	
Balance due	

Paid 8/11/87

30 day Note

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.

Helen Darden
Signature

612 S. 40th St.
Address

San Diego Ca.
State Zip Code

(619) 263-9311
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 053770

Work Order # E 6466 ✓

Acct. # 021065

PY-593 (REV. 8-85)

Legal Typed . . .

W.O. NO. E6466

NOTE—STRAIGHT

$ 856.00 San Diego, California, Feb. 17, 1987

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 Eight hundred fifty-six and xx/100 DOLLARS,

with interest from March 17th 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Helen Darden

612 S. 40th St.

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 64466

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
REGINA RENEA REYNOLDS	Female	Nov. 13, 1965	Feb. 15, 1987

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 Marie Darden - Mother 612 So. 40th 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, 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: FEB 20 1987	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 2/20/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lorraine 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.

E6466

053770	03/05/87	021065	HELEN MARIE DARDEN			04/01/87	CK	5814	50.00	856.00	806.00
			100	072	77181	000072			18.69		PARTIAL PAYMENT
			100	072	77182	000072			5.84		
			100	072	77183	000072			10.51		
			100	072	77184	000072			11.68		
			60101		78390				0.35		
			67007		77184				2.93		

E6466

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 656.00

#6187

OFFICIAL RECEIPT

№ 34377

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E6466

Date: 4/1/87, 19

From: Helen Marie Darden Address: 6128 So 40th - SD 92113

Fifty and 00 Dollars ($ 50.00)

In Full Payment of Interment Invoice on Regina Reynolds - See Invoice

Lot 108 Grave 9 Row 2 Section 2 Division 11 Block

Invoice No. 053770

Acct. No. 021065

W.O. E-6466

BALANCE DUE 806.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 6 1987

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	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/18/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille M. Kaminowski

in a Bell Liner (Vault/Liner) Funeral, date, time 1PM - Mon - 2/23

Church, Chapel, Graveside Mass & G.S. ; Cypress View (mike) Mortuary.

All Funeral cars must 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 5 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Single Space & Care	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Bell Liner - Concrete	100.00
Handling Fees	Liner	145.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		6.00
	Total Due	856.00
	Paid receipt number 34223	856.00
	Balance due	0

By funeral Trust

PAID
FEB 19 987
MT. HOPE CEMETERY
CITY OF SAN DIEGO CALIF.

I hereby certify I am the Husband of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Henry Kaminowski
Signature

Address 2141 Winnett St
State Zip Code 92114
Telephone 2620397.

Invoice # ____

Acct. # ____

Work Order # E 6467

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E64167

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lucille Marie Kaminowski	Female	Sept. 7, 1919	Feb. 18, 1987

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 J. Kaminowski - Husband 1643 Wedekind Road, 10-E Reno, NV 89512

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3555 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.	COUNTY: San 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: FEB 20 1987	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 2/23 (ENTER DATE). SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Lauren 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

OFFICIAL RECEIPT

№ 34223

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 2/19/87, 19

From: Dorothy Madigan Address: 2141 Wennett St SD. 92114

Eight hundred fifty six 00/100 Dollars ($ 856.00)

In full Payment of Interment of Lucille M. Kaminowski the

Lot 44 Grave 5 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6467

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 3464

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Geoyen Stetten

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	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 Feb 18 87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adriana Lee Evans

in a Liner (Vault/Liner) Funeral, date, time Fri 2/20 2 P.M

Church, Chapel, Graveside Church & Grave Lagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 115 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 34221	100.00
Balance due	756.00

City Emp 6 mo @ 100

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.

Signature

I hereby authorize the interment in lot I hold under deed.

Arthur W Evans

Signature of recorded holder of deed

6461 Duluth AVE SD

Address

California 92114

State Zip Code

619-262-4318

Telephone

236-7014 WORK

Invoice # 053771

Work Order # E 6468

Acct. # 021066

PY-592 (REV. 8-85)

City Employ O.K.

W.O. NO. E6468

NOTE—STRAIGHT

$ 756.00 San Diego, California, Feb 18, 1987

6 Month ~~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 Seven Hundred Fifty-six and 00/100 DOLLARS,

with interest from July 1, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

. Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Arthur W Evans

6461 Duluth AVE SDC 92114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E64468

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ADRIAN LEE EVANS	Male	May 21, 1951	Feb. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Albuquerque NewwMexico	New Mexico	Shirley Evans - Father 845 Raven 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 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: FEB 20 1987	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 2/20/87 (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.

OFFICIAL RECEIPT

6/4/87 No 34624

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-30, 1987

From: Robert E. Evans Address: 853 Ravenst S.D. 92102

One Hundred and no/00 Dollars ($ 100.00)

In Ordinance Payment of Burial Services & Plot for Adrian L. Evans

Lot 115 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. 153771

Acct. No. C-1166

W.O. E16468

BALANCE DUE $256.00

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

JUN 4 1987

ISSUED BY Peggy 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 77187	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

04/29/87 № 34488

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/27/87, 19

From: Arthur Evans Address: S.D.

One Hundred Dollars ($ 100.00)

In Part Payment of Dr Adrian Lee Evans Lot

Lot 115 Grave 4 Row Section 2 Division Block 11

Invoice No. 053771

Acct. No. 021666

W.O. # E-6468

BALANCE DUE 556.00

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 Peggy Watts

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

№ 34221

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-18-87, 19

From: Arthur Evans Address: 6461 Duluth av - SD - 92114

One Hundred Dollars ($ 100.00)

In Part Payment of on acc for burial of Adrian Evans - Dec

Lot 115 Grave 4 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 6468

BALANCE DUE 756.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 603

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	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	60101 78390		
TOTAL PAID	$	100	00

E6468

053771	03/05/87	021066	ARTHUR W. EVANS			04/27/87	CA	E6468	100.00	756.00	556.00
			100	072	77181	000072			42.33		PARTIAL PAYMENT
			100	072	77182	000072			13.23		
			100	072	77183	000072			23.81		
			100	072	77184	000072			13.23		
			60101		78390				0.79		
			67007		77184				6.61		

E6468

E6468 № 34303

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/12/87, 19__

From: Arthur Evans Address: S.D

One Hundred and 00/100 Dollars ($ 100.00)

In partial Payment of Adrian Evans account

856
100
756
100
656

Lot 115 Grave 4 Row ____ Section 2 Division Block 11

Invoice No. 053771

Acct. No. 021066

W.O. E 6468

BALANCE DUE 656.00

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 [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 11-86)

E6468

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E6468

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/18/87

DATE: 03/18/87
TIME: 215524
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EC	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053771	03/05/87	021066	ARTHUR W. EVANS					03/11/87	CA	E6468	100.00	756.00	656.00
			100	072		77181	000072				42.33		PARTIAL PAYMENT
			100	072		77182	000072				13.23		
			100	072		77183	000072				23.81		
			100	072		77184	000072				13.23		
			60101			78390					0.79		
			67007			77184					6.61		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 100.00

E 64408

CITY TREASURER
SAN DIEGO

7675505/20/67 100.00 INVS
05/20/67 7675 5 100.00- CA
05/20/67 7675 5 .00 BA

OFFICIAL RECEIPT

№ 34580

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 15, 19 87

From: Robert Evans Address: 353 Rayen SD 92102

One hundred dollars and no/100 Dollars ($ 100.00)

In part Payment of Adrian Lee Evans.

Lot 115 Grave 4 Row Section 2 Division Block 11

Invoice No. 053771

Acct. No. 021066

W.O. E6468

BALANCE DUE 456.00

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	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

Logged

E6468

053771 03/05/87 021066 ARTHUR W. EVANS

100	072	77181	000072	
100	072	77182	000072	
100	072	77183	000072	
100	072	77184	000072	
60101		78390		
67007		77184		

05/15/87 CA E6468

100.00	756.00	356.00
42.33		PARTIAL PAYMENT
13.23		
23.81		
13.23		
0.79		
6.61		

E 6468

mt. tape

8/19/87 № 34929

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-12 , 1987

From: Robert Evans Address: San Diego

Fifty-Six dollars Dollars ($ 56.00)

In Lot Payment of Credit Sale
E-6468

Lot 115 Grave 4 Row Section 2 Division 11 Block

Invoice No. 053771

Acct. No 021066

W.O. E-6468

BALANCE DUE $ 100.00

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

AUG 19 1987

ISSUED BY JD

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	56 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	$	56 00

E64648 No 34998

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-1, 19 87

From: Robert Evans Address:

One Hundred Dollars ($ 100.00)

In Payment of Allen Evans Service

Lot 115 Grave 4 Row Section 2 Division Block 11

Invoice No. 053771

Acct. No. 021066

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

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	83033 9022	0.00
Sales Tax	60101 78390	
TOTAL PAID	$	100 —

ACR020 FSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 021066 INVOICE: 053771 INV DATE: 03 05 87

NAME: ARTHUR W. EVANS

1) 6461 DULUTH AVE 2) _____

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-6468 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: 756.00

DESCRIPTION OF CHARGE	AMOUNT
ADRIAN LEE EVANS SERVICES	
LOT 115 GR 4 SEC 2 DIVN 11	250.00
OPENING/CLOSING	320.00
LINER	100.00
HANDLING	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
LESS PAYMENT R-34221	100.00-

TOTAL DUE 756.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __ 5-27-87

#2 ___ _____

THE INVOICE HAS BEEN ADDED. HIT PAY AND ADD THE ACCOUNTING DATA.

03/12/87 34303 756.00 100.00 656.00

034488-4/27 100.0 $556.00

34580-5/15 $100.00 $456.00

34624-5/30 100.00 356.00

100.00 256.00

$ 256.00
7-10-87 100.00
$ 156.00

8-12-87 56.00
$ 100.00

9-4-87 100.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Elizabeth Taylor

in a T.S. Vault (Vault/Liner) Funeral, date, time MON-2PM-2/23

Church, Chapel, Graveside Chapel & GS : Lowis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 1114 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund Perpetual E-3170	—
Additional spaces and care fund none	—
Opening/Closing & Setup	320 00
Burial Container T.S. Conute 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 34224	710.50
Balance due	-0-

PAID
FEB 19 1987
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. Billie Wion - owner

I hereby authorize the interment in lot I hold under deed.

* Billie J. Wion
Signature of recorded holder of deed

* Billie J. Wion
Signature

Address

State Zip Code

Telephone 287-1070

Work Order # E 6469

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 64469

PERMIT FOR [redacted]OSITION OF [redacted]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIE ELIZABETH TAYLOR	Female	July 2, 1900	February 18, 1987

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	Billie Wion - Daughter 3728 Suffolk 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-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: 3751 Market St. 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: FEB 20 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Ramos, M.D., MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/23/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lorraine 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

OFFICIAL RECEIPT

№ 34224

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/19/87 19

From: Billie Wion Address: 3728 Suffolk Dr SD -92115-

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for M. E. Taylor - dec

Lot 1114 Grave — Row — Section -1- Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-6469

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 Goyen Stetler

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
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	$	710.50

AC-212 (Rev. 11-86) 909

E6469

MOUNT HOPE CEMETERY

7-14 19 82

The undersigned hereby requests and authorizes the interment of the remains of Marie Elizabeth Taylor in Lot 1114 Gr ____ Row ____ Sec. 1 ~~Block~~ Division 8 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

3728 SUFFOLK DR.

Billie J. Wilson

SD 72115

Signature of relative ~~or legal representative~~ / lot owner

Address & relationship to deceased or authority to sign authorization

J L Eggleston
Witness

Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orval L. Franklin

in a Packham to B L Funeral, date, time 11 AM Mon 2/23
Vault/Liner

Church, Chapel, Graveside Chapel & Witness 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 114 Grave 7 Row _____ Section Toot Division/Block 43

Grave space & Care Fund	Pre need - T.F. & OK	NC
Additional spaces and care fund	One Space	
Opening/Closing & Setup	Pre Paid → C-2118	
Burial Container	P.P. no up grade	
Handling Fees	Bell Liner	
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		
	Total Due	35.00
	Paid receipt number 34229	35.00
	Balance due	0

PAID
FEB 20 1987
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.

Carol Maury
Signature of recorded holder of deed

Carol Maury
Signature
4429 Olive St
Address
San Diego 92105
State Zip Code
264-4429
Telephone

Invoice # _____

Work Order # E 6470

Acct. # _____

PY-553 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6470

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORVAL LEE FRANKLIN	Male	Oct. 21, 1901	Feb. 19, 1987

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	Beulah Franklin - Wife 4429 Olive St. 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 92105	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 Luth 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 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: FEB 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Reimers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): 2/23/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W. Dobbs	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

№ 34229

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

007993

Date: 2/20/87, 19

From: Carol Maury Address: 4429 Olive St S.D. 92105

Therefore ad 10/00 Dollars ($ 35.00)

In full Payment of Recording fee for Orval Franklin - Dec

Paid in full -

Lot 114 Grave 7 Row Section IOOF Division Block 43

Invoice No.

Acct. No.

W.O. E-6470

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.

7999 CITY AUDITOR

FEB 27 1987

ISSUED BY Geogen Stelto

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

M 0684425 -
Issued 5/12/76

Date 2/23

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don Edward Evans

in a Bell Liner (Vault/Liner) Funeral, date, time Tuesday 2PM 3/24

Church, Chapel, Graveside Church & GS ; 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 ✱ Peacetime Vet

✓ Lot 115 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	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	

Insurance See Note for 30 days

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

✱ Rwenda Evans
Signature
✱ 1081 S. 41st St #14
Address
San Diego Ca 92113
State Zip Code
✱ (619) 264-5075
Telephone

Invoice # 053772

Work Order # E 6471

Acct. # 021067

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6471

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DON EDWARD EVANS	MALE	JULY 27, 1965	FEB. 19, 1987

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	Gwenda K. Evans - Mother 1081 South 41st Steet, Apt. 14 San Diego, CA 92113

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

Get Down Boys

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 $3100	DATE PERMIT ISSUED FEB 24 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/24/87 (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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramros, 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 6471

№ 34350

Date: 03-25, 19[illegible]

From: [illegible] Evans Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 115 Grave 10 Row Section Division Block

Invoice No. 053772

Acct. No. 021067

W.O. E 6471

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

APR 3 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	$	[illegible]

AC-212 (Rev. 11-86)

E6471

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/31/87

DATE: 03/31/87
TIME: 232034
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053772	03/05/87	021067	GWENDA EVANS					03/25/87	CA	E6471	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			78390					6.00		
			67007			77184					50.00		

E6471

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Cruz

in a Bell Liner (Vault/Liner) Funeral, date, time 2PM - Tues - 2/24

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 19 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund		250.00
Additional spaces and care fund (30 Day Clp 5 - Not Resemblefully)		
Opening/Closing & Setup		320.00
Burial Container		100.00
Handling Fees	145	145.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		856.00
Paid receipt number 34235		856.00
Balance due		-0-

PAID
FEB 24 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ck from Ragsdale
Narvella

I hereby certify I am the Via Phone - Gnd of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6472

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6472

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY CRUZ	Female	May 17, 1943	Feb. 10, 1987

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	Ernestine Wafer - Mother 3084 Webster Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Bl. Anderson-Ragsdale Mortuary: San Diego, Calif.	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 FEB 18 1987
			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 FEB 24 1987 (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

E6472 № 34235

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-24, 1987

From: Anderson-Kagdale Address: 5050 Federal Blvd S.D. Ca 92105

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Mary Craig services

Lot 19 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6472

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.

CITY AUDITOR

MAR 5 1987

008200

ISSUED BY B. Kang

CREDIT 20% Sales Care	67007 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	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12 noon Date 2/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnathan La Mar Thomas

in a Bell Concrete Liner (Vault/Liner) Funeral, date, time Tues 12 P.M. 3/24

Church, Chapel, Graveside Chapel #5 ; 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 822 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	100.00
Burial Container	50.00
Handling Fees	11.00
Flower vases Marker setting fee	
Recording and filing fee	35.00
Sales taxes	3.00
Total Due	299.00
Paid receipt number 34230	299.00
Balance due	0

PAID
FEB 23 1987
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

Shelley Jo Thomas
Signature
7570 Brookhaven Rd
Address
San Diego Ca 92114
State Zip Code
470-3590-262-5777
Telephone

Work Order # E 6473

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6473

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOBNATHAN LAMAR THOMAS	Male	Jan. 9, 1987	Feb. 20, 1987

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	Shelley Jo Bullard - Mother 7570 Brookhaven Road San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Boyd, 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 Cemetery; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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: FEB 24 1987	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 FEB 24 1987 (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

№ 34230

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/23/87, 19

From: Shelley Thomas Address: 1570 Brookhaven - SD 92114

Two Hundred ninety-nine and no/100 Dollars ($ 299.00)

In full Payment of Interment fees for Johnathe Thomas - due

Lot 822 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-6473

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 20% Sales Care	67007 77184	20.00
80% Sales of Lots	100 77184	80.00
Opening/ Closing	100 77181	100.00
Burial Containers	100 77182	50.00
Handling Fee	100 77183	11.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	3.00
TOTAL PAID	$	299.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Trust

Date 2/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie T. Givens

in a Top of Double Crypt (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 97 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Top of Double Crypt _____

Additional spaces and care fund 2/18/87 - B of B _____

Opening/Closing & Setup — 320.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

~~Recording and filing fee~~ 35.00

~~Sales taxes~~ _____

PAID
FEB 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 355.00

Paid receipt number 34231 355.00

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

WILLIE T GIVENS
Signature
2886 FRINKLIN ST
Address
_____
State Zip Code
_____
Telephone

Invoice # _____

Work Order # E 6474

Acct. # _____

PY-593 (REV. 8-85)

Pre need Trust deposit

OFFICIAL RECEIPT

№ 34231

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/23/87, 19

From: Willie T. Givens Address: 2880 Frankfurt — S.D.

Three Hundred fifty five Dno/100 Dollars ($ 355.00)

In Deposited Payment of Open & Close top of Double Crypt

Crypt Installed 2/18/87 -

Lot 97 Grave 10 Row 2 Section -1- Division Block 12

Invoice No.

Acct. No.

W.O. E-6474

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

B of A-M.O. - 1606876

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Georgia Stitt

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	355.00
Sales Tax	60101 78390	
TOTAL PAID	$	355.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine L. Tuggey

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed-2/25/1 P.M.

Church, Chapel, Graveside Chapel + 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 ____ .

Lot — Grave 17 Row 15 Section 21 Division/Block 21

Grave space & Care Fund ..... Refund # 5006	—
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320.00
Burial Container .... Top Seal Vault (Concrete)	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes FEB 23 1987	10.50
Total Due	710.50
Paid receipt number 34232	710.50
Balance due	-0-

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

need 2 P.D.

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.

x Walter D Tuggey
Signature

1872 MISSION CLIFF RD
Address

SAN DIEGO CA 92116
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 6475

Acct. # ____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6475

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CATHERINE LUCY TUGGEY	Female	September 2,1903	February 21,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	William B. Tuggey - Son 1872 Mission Cliff Drive San Diego, California

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

Hail like snow

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT) Burial
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 ON THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 24 1987	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 2/25/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Tuttle	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.

№ 34232

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/23/87, 19

From: Wm. B. Tuggey Address: 1872 Mission Cliff's SD 92116

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fees for Catherine L. Tuggey - Dec

Lot — Grave 17 Row 15 Section 2 Division Block 2

Invoice No. —

Acct. No. —

W.O. E 6475

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 Loyal Stetler

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
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	$	710.50

AC-212 (Rev. 11-86)

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlene De Chenne

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 18 Grave 9 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund Single Space & Care	495.00
Additional spaces and care fund — no —	
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 34233 ✓	20.00
Balance due	475.00
34321	475.00
	0

PAID
Not Paid
MAR 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Bal in less 30 days

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 Charlene De Chenne
Signature

x 4654 Florida St.
Address

San Diego, Ca 92116
State Zip Code

(619) 295-3839
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6476

PY-593 (REV. 8-85)

#11398

legal typed

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Credit Sale

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 34233

Date: 2/23, 19 87

From: Charlene DeChenne Address: 4654 Florida St 92116

Twenty and no/00 Dollars ($ 20 00/xx)

In Part Payment of Credit Sale - Purchased Lot for her

Lot 18 Grave 9 Row 2 Section -/- Division Block 12

Invoice No.

Acct. No.

W.O. E-6476

BALANCE DUE 475 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

CREDIT	67007		
20% Sales Cars	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

OFFICIAL RECEIPT

№ 34321

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: Charlene DeChenne Address: 4654 Florida, SD Ca 92116

Four hundred seventy five and no/100 Dollars ($ 475.00)

In full Payment of Preneed Lot

Lot 18 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6476

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	99.00
80% Sales of Lots	100 77184	376.00
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	$	475.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lottie Cubit

in a Liner (Vault/Liner) Funeral, date, time Fri-2PM-2/27

Church, Chapel, Graveside Church-St. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

✓ Lot 114 Grave 11 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 Concrete Bottomless 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	
Balance due	

30 day note

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Lisa Jacobs
Signature
x 6663 49th St.
Address
x San Diego Calif 92102
State Zip Code
x (619) 263-8198
Telephone

Invoice # 053776

Work Order # E 6477 ✓

Acct. # 021069

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-4477

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lottie Cubit	Female	Jan. 30, 1929	Feb. 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lisa S. Jacobs - Daughter 663 W. 49th 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 Martin Luther King Dr.: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: FEB 25 1987	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 2/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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: San Diego, County			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

04-10-87 № 34388

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/6/87, 19

From: Lisa Jacobs Address: 663-49th St SD-92102

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Entitlement invoice fees for Lottie Cubit die

Lot 114 Grave 11 Row Section 2 Division Block 11

Invoice No. 053776

Acct. No. 021069

W.O. E-6477

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 168

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Geogen Stotts

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	$	856.00

E 6477

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/10/87

DATE: 04/10/87
TIME: 202359
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053776	03/05/87	021069	LISA JACOBS					04/05/87	CK	168	856.00	856.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
	E-6477		100	072		77182	000072				100.00		
			100	072		77183	000072				180.00		
			100	072		77184	000072				200.00		
			60101			78390					6.00		
			67007			77184					50.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 856.00

We select

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma Jean Thompson in a Bell (Vault/Liner) Funeral, date, time Thurs. 2/26 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 103 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 34241	856 00
Balance due	-0-

PAID
FEB 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Leslie

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6478 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 9-86)

Mortuary to bring Check.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E0478

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Norma Jean Thompson	Female	November 15,1929	Feb. 19, 1987

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	Mabel Flowers - Mother 875 North 42nd 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 FEB 25 1987 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 FEB 26 1987 (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.

E6478 № 34241

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 02-27, 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. E6477 & E6477

BALANCE DUE [illegible]

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	[illegible]
80% Sales of Lots	100 77184	[illegible]
Opening/ Closing	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Handling Fee	100 77183	[illegible]
Recording & Misc. Fees	100 77183	[illegible]
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rochelle Katch Keetch

in a Fiberglass - F.H. Vault/Liner Funeral, date, time Thurs 4/26 3:30

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 No .

Lot 781 Grave ~ Row ~ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	199.00
Burial Container 44 Fiberglass from F.H.	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	199.00
Paid receipt number 34241	199.00
Balance due	-0-

PAID
FEB 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Receipt filed w/E6478

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Joy L. M. Keetch
Signature of recorded holder of deed

Joy L. M. Keetch
Signature
6045 45th St
Address
S.D. Cal. 92113
State Zip Code
266 9428
Telephone

Work Order # E 6479

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Mortuary to bring check.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-0479

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Roshelle Lynette Keetch	Female	Feb. 22, 1987	Feb. 22, 1987

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	Dareon Keetch - Father 4033 36th Street, Apt. 9 San Diego, CAlifornia

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: FEB 26 1987	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: FEB 26 1987 (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

PA (DIP)

Case #1025244

Date 02-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edrie Earl Pratt

in a _____ Funeral, date, time Wed. 2/25 10:00

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 _____. Bottom

Lot 136 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup (21 add)	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	

Called by Manuella

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

County of SD
Signature

Address

State Zip Code

Telephone

Invoice # 053773

Work Order # E 6480

Acct. # 000952

PY-593 (REV. 8-85)

oppred by Susan Tidley

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10480

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Cedric Earl Pratt	Male	Feb. 8, 1965	Feb. 18, 1987

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	Elsie L. Pratt - Mother 3714 Marlbrough Ave., Apt. 12 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) "Burial Vault"
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN 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 Dr. 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: FEB 25 1987	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 2/25/87 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

№ 34465

E6480

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-22, 19 87

From: County of SD Address: 5201-A Ruffin Rd SD 92123

One hundred forty five and no/100 Dollars ($ 145.00)

In full Payment of Cedric Earl Pratt Services

Case 10-25244

Lot 136 Grave 1 Row Section 2 Division Block 11

Invoice No. 053773

Acct. No. 010952

W.O. E6480

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	$	145.00

AC-212 (Rev. 11-86)

E 6480

053773	03/05/87	000952	COUNTY OF SAN DIEGO				04/22/87	CK	04810875	145.00	145.00	0.00
										90.00		PAID IN FULL
	E 6480		100	072	77181	000072				55.00		
			100	072	77184	000072				--	-- --	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need
Urn space

Date 2/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert John Snyder

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 Urn Grave 14 Row H Section MAS Division/~~Block~~ H

Grave space & Care Fund Urn Sp 5ft N. Bernice	215.00
Additional spaces and care fund Boxted Hoover	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	215.00
Paid receipt number 34236	215.00
Balance due	0

Not Paid

PAID
FEB 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the By Mail of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Georgette

I hereby authorize the interment in lot I hold under deed. - For Himself Only

Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 6481

Acct. # _____

PI-593 (REV. 9-85)

#11381

Legal typed

Mr. George Stolter; (Kindly forward list of Vendors)
Mt. Hope Cemetery Mgr.,

E6481

Dear Sir; Thank you, sincerely, for your letter of 2-3 extending your very humanitarian approval of my humble request for my Cremains to be inurned within five feet North of those of my Beloved "Fair Lady," Bernice Bostick Hoover, since there was no remaining Space, (she thought existed in the Bostick Family estate. I loved her more deeply, God Bless her & you, Sir.

Enclosed is my check #2595 for cost of Urn Space 14.

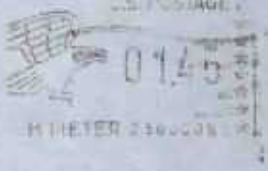
Thanking you, I remain

Respectfully,
'Robert' John Snyder

'Bobert' John Snyder,
3501 Stover, Apt. #73, Bldg. 4,
Ft. Collins, Co. 80525







Attn: Mr. Geo. W. Stelter,
Mt. Hope Cemeter Manager
City of San Diego Property ~~Mg~~ Dept.,
3751 Market St.,
San Diego, California, 92102

E6481



RECEIVED
FEB 25 1987
MT. HOPE CEMETERY

E 10481

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

February 3, 1987

Gene Timmermans
Attorney at Law
First Tower Building, Suite 600
P. O. Box 2184
Fort Collins, CO 80522

Re: Robert John Snyder Request

I regret the delay in responding to your client's request of right of interment in the Bostick family estate. The Bostick family has declined Mr. Snyder's request.

Mt. Hope does have available urn space in Row H, Gr. 14, Masonic H. This urn space borders the Bostick estate and would be adjacent to the lot that Bernice Hoover is inurned in. The cremain vaults would be approximately five feet apart. Urn Space 14 is due north of Bernice Hoover's inurnment. The total cost of Urn Space 14 is $215. Land and Care - $215; Inurnment fee and concrete urn vault with tax would cost $242.40. Total cost of urn space and inurnment fee would be $457.40

Mt. Hope does not sell markers. One may be purchased from vendors in area at a cost of about $350. Mt. Hope does require the marker to be 24"x12"x3".

I shall reserve for you Urn Space 14 for 45 days. If your client wishes to purchase, he must send $215 in payment for the urn space. Deed to space will be issued upon payment. Prepayment of the inurnment fees, $242.40, may also be paid if Mr. Snyder so desires. We'll furnish a list of vendors to order pre-need marker if you wish.

If you have questions, please contact me.

George W Stelter

George Stelter
Cemetery Manager

GWS:st(43-2)

№ 34236

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/25, 1987

From: Robert John Snyder Address: 3501 Stover Bldg 4 #73, Ft. Collins 80525

Two Hundred fifteen and no/100 Dollars ($ 215.00)

In full Payment of Sp 14 for Cremains for Robert J. Snyder himself.

Lot — Grave Urn 14 Row H Section Mas Division Block H

Invoice No. —

Acct. No. —

W.O. E 6481

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 82/26 #2795

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George W Stelter

CREDIT 20% Sales Care	67007 77184	43	00
80% Sales of Lots	100 77184	172	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	$	215	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb-25, '87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Coleman Jr.

in a Liner (Vault/Liner) Funeral, date, time Mon 3-2-87 11 AM

Church, (Chapel), Graveside Chapel ; Lagsdale Mortuary.

All Funeral cars must arrive 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 1 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
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 34244	856 00
Balance due	-0-

PAID
MAR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mother: Deolora Jones
4481 "T" St.
S.D 92113
Phone 262-6825

Per Phone Lagsdale

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.

Deolora Jones
Signature of recorded holder of deed

Deolora Jones
Signature
4481 T St
Address
SD 92113
State Zip Code
Telephone 262-6825

Work Order # E 6482

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

Will pay on Monday

E6482 № 34244

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03 [illegible], 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. E6482

BALANCE DUE [illegible]

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	[illegible]
80% Sales of Lots	100 77184	[illegible]
Opening/ Closing	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Handling Fee	100 77183	[illegible]
Recording & Misc. Fees	100 77183	[illegible]
Pre-Need Trust	63033 9022	[illegible]
Sales Tax	60101 78390	[illegible]
TOTAL PAID	$	[illegible]

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6482

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SAMUEL COLEMAN, JR.	Male	Nov. 10, 1948	Feb. 24, 1987

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	Geolora Jones - Mother 4481 "T" Street San Diego, CA 92113

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		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
	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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: FEB 26 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D. M.A.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 2 1987 (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

Duplicate deed for:

Date 02-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Bell

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 ~~2861~~ 2860 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	10 00
Sales taxes	
Total Due	10 00
Paid receipt number 34213	10 00
Balance due	-0-

PAID
FEB 17 1987
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

Juanita Bell
Signature
5330 Orange Ave
Address
Lakeside 17A
State
S.D. Ca 92115
Zip Code
Telephone

Invoice # _____

Work Order # E 6483

Acct. # _____

PY-593 (REV. 8-85)

#11382 - duplicate deed

E6483

5330 Orange Ave.
Feb. 12, 1987
Parkcrest Apt. 17A
San Diego, Ca 92115

Manager

I am sending the $10.00 ten dollars for Plat 2860 Division 10 Duran Bell Sr. 2861 Division 10 mt Hope for Juanita C. Bell

I did not get the Deed, after paying in full for 2861 for myself I assume that both plats will be on the Deed.

I thank you
Juanita Cathington Bell

2/17/87
$10.00 ck 333

OFFICIAL RECEIPT

E6483 № 34213

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: Juanita Bell Address: 5330 Orange Ave. SD. 92115

Ten and no/100 Dollars ($ 10.00)

In Deposit Payment of ~~(Credit Fake)~~ Letter attached to ck -

Replacement Deed

Lot 2860+61 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 333

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	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	~~10~~	~~00~~
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phillip Theodore Payne, Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 12:Noon 2/27

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 NO .

✓ Lot 96 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund Res Dpt 12 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	
Balance due	

30 Note

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

*Rosa m. Payne
Signature
7233 Skyline Dr
Address
San Diego Calif 92114
State Zip Code
Telephone

Invoice # 053775

Work Order # E 6484 ✓

Acct. # 021068

PY-583 (REV. 6-85)

W.O. NO. E6484

NOTE—STRAIGHT

$ 960 50/100 San Diego, California, Feb 25, 1987

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 Nine Hundred Sixty and 50/100 DOLLARS

with interest from March 30, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Rosa M. Payne

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6 484

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Phillip Theodore Payne, Jr.	Male	Feb. 11, 1964	Found Feb. 23, 1987

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	Phillip T. Payne, Sr.-Father 7233 Skyline Drive San Diego, CA 92114

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 Martin Luther King Dr.: 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: FEB 26 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.M.M
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leonard 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.

OFFICIAL RECEIPT

№ 34337

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/20/87, 19

From: Rosa M. Payne Address: 7233 Skyline Dr. SD. 92114

Nine Hundred Sixty & 50/100 Dollars ($ 960.50)

In full Payment of Invoice 053775 - for Interment fees on Phillip T. Payne - due

Lot 96 Grave 11 Row Section 2 Division Block 11

Invoice No. 053775

Acct. No. 021068

W.O. E 6484

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 4821

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 3 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	$	960	50

E 6484

053775 03/05/87 021068	ROSA M. PAYNE			03/20/87 CK	4821	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

Date 2/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Salvador Ordonez

in a NONE (Vault/Liner) Funeral, date, time 2/27 - 9Am - Fri

Church, Chapel, Graveside Duboff ; 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 136 Grave 1 Row ____ Section 2 Division/Block 11

— Top —

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	

P.A. # 1025 481
Called By John 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

Address

State Zip Code

Telephone

Invoice # 053774

Work Order # E 6485

Acct. # 000952

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6485

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Salvador Ordonez	Male	May 26,1966	Feb.8,1987

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, 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

Turned Turn over. Balboa Park.

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 Makket 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: FEB 27 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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.

04/23/87 № 34466

E6485

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-22, 1987

From: County of SD Address: 5201-A [illegible]

One hundred forty five and no/100 Dollars ($ 145.00)

In full Payment of Salvador Ordoñez Service

Case # 1035981

Lot 136 Grave 1 Row Section 2 Division Block 11

Invoice No. 153774

Acct. No. 000752

W.O. E6485

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 [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	$	145.00

AC-212 (Rev. 11-86)

E 6485

053774	03/05/87	000952	COUNTY OF SAN DIEGO			04/22/87 CK	04-810871	145.00	145.00	0.00
	E 6485		100	072	77181	000072		90.00		PAID IN FULL
			100	072	77184	000072		55.00		

D.I.P. 1974 1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DE MORSE, MICK D.I.P Second Burial

in a BELL LINER (Vault/Liner) Funeral, date, time MON-3-2-87 10:30

Church, Chapel, (Graveside) GRAVESIDE ; FEATHER/GILLS Mortuary.

All Funeral cars must 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 57 Grave 10 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ..... preneed D 4640	
Additional spaces and care fund	
Opening/Closing & Setup ..... preneed	
Burial Container ..... preneed	
Handling Fees ..... preneed	
Flower vases - Marker ~~fitting~~ fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 34245	35.00
Balance due	-0-

PAID
MAR 2 1987
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 # _____

Work Order # E 6486

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6486 № 34245

Date: 03-[illegible], 19__

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In full Payment of [illegible]

Lot 57 Grave 10 Row ____ Section [illegible] Division Block 7

Invoice No. ____

Acct. No. ____

W.O. E6486

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 [illegible]

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
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E64866

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DE MORSE EARL MICK	Male	Apr. 15, 1907	Feb. 25, 1987

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	Douglas R. Mick, son 8701 Mesa Road, Sp. #73 Santee, Ca. 92071

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 3751 Market Street 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 FEB 27 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D.M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 2 1987 (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

Open Imperial St. gate please

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Irene Goodman

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 3/3 10:00

Church, Chapel, Graveside Chapel & G.S. ; 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 No.

Lot 89 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 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 34240-	400.00
Balance due	456.00

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

Russell B. Martin
Signature

462-6 3rd St Pc 234
Address

San Diego 92114
State Zip Code

Calif
Telephone 262-2287

Invoice # 053777

Acct. # 021070

Work Order # E 6487

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34240

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/26, 1987

From: Gary T. Goodman Address: 9525 Genesee SD 92121

Four Hundred and no/00 Dollars ($ 400.00)

In Port Payment of Interment fees for Ruby Irene Goodman - dec

Lot 89 Grave 10 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 6487

BALANCE DUE 456.00

—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1884

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: [signature]

CREDIT	67007	
20% Sales Care	77184	50.00
80% Sales of Lots	100 77184	200.00
Opening/ Closing	100 77181	150.00
Burial Containers	100 77182	—
Handling Fee	100 77183	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	400.00

E6487 Nº 34294

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/11/87, 19

From: Mary Byrnes Address: SD

One Hundred Fifty-six 00/100 Dollars ($ 156.00)

In Part Payment of On Interment of Ruby T. Goodmen-Dia

Lot 89 Grave 10 Row _____ Section _____ Division Block 11

Invoice No. 053777

Acct. No. 021070

W.O. E6487

BALANCE DUE $200.00 2

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

AUDITOR

MAR 18 1987

ISSUED BY Regina Abbott

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	$	156 00

E6487

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/12/87

DATE: 03/12/87
TIME: 231726
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053777	03/05/87	021070	RUSSELL MARTIN					03/11/87		E6487	156.00	456.00	300.00
			100	072		77181	000072				58.16		PARTIAL PAYMENT
			100	072		77182	000072				34.21		
			100	072		77183	000072				61.58		
			60101			78390					2.05		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 156.00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6487

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUBY IRENE MARTIN GOODMAN	Female	Sept. 8, 1950	Feb 23, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Rosarito Beach	Mexico	Russell Martin – Father 402 63rd / Sp. #234 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 MAR 2 1987
			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 MAR 3 1987 (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.

E6487 № 34346

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-25, 19 [illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In full Payment of [illegible]

Lot [illegible] Grave [illegible] Row _____ Section [illegible] Division Block [illegible]

Invoice No. 153777

Acct. No. 021070

W.O. E6487

BALANCE DUE [illegible]

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 3 1987

ISSUED BY [illegible]

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	
Sales Tax	60101 78390	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 11-86)

E 6487

053777 03/05/87 021070 RUSSELL MARTIN

E6487

100 072
100 072
100 072
60101

03/25/87 CK E6487

77181 000072
77182 000072
77183 000072
78390

300.00
111.84
65.79
118.42
3.95

456.00

0.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lots & PreNeed Trust services (3) for

Date 02-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nga, Th. Phuong, Tran, T. Hanh, & in ~~the~~ Nguyen, V. Long Vault/Urn 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 .

5353, 5354 &

Lot 5355 Grave Row Section Division/Block 10

Grave space & Care Fund (3) @ $660.25 ea	1980 75
Additional spaces and care fund	
Opening/Closing & Setup (3) @ $320	960 00
Burial Container (3) @ $175 00	525 00
Handling Fees (3) @ $170	510 00
Flower vases - Marker setting fee	
Recording and filing fee (3) @ $35 00	105 00
Sales taxes (3) @ $10.50	31 50
Total Due	$ 112.25
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

Nguyen Long
Signature
5091 ORANGE AV
Address
SAN DIEGO CA. 92115
State Zip Code
(619) 284-8110
Telephone

Work Order # E 6488

Invoice #

Acct. #

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cordellia Griffis

in a Liner Cover (Vault/Liner) Funeral, date, time Tues 3/3 2:00

Church, Chapel, Graveside Chapel + G.S. ; Berge-Rhts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 13 Grave 11 Row _____ Section MAS Division/Block T

Grave space & Care Fund B 3458 (1958) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container Concrete Ball Liner 100.00

Handling Fees On Liner 145.00

Flower vases - Mortar setting fees —

Recording and filing fee 35.00

Sales taxes 6.00

Total Due $606.00

Paid receipt number 34250 606.00

Balance due 0

PAID
MAR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Ernie

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

James M Griffis
Signature

Address

P.O. Box 264
State Zip Code

Leavenville Ind 47334
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6489

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34250

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/2/87, 19

From: Dolores M Sutton Address: Spring Valley Ca -

Six Hundred Six and 00/100 Dollars ($ 606.00)

In full Payment of Interment Rights for Cordelia Griffin - Dec

Lot 13 Grave 11 Row ____ Section MA5 Division ____ Block T

Invoice No. ~

Acct. No. ~

W.O. F-6489

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

578

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	220	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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6489

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
CORDELIA ---		GRIFFIS	Female	OCT. 11, 1893	FEB. 26,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mrs. Dolores Sutton-Daughter 10767 Jamacha Blvd.Sp.185 Spring Valley,CA 92077

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

- [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 Cemtery 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 MAR 03 1987 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 3/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyce 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 2/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raynetta Marie Kelley

in a Liner (Vault/Liner) Funeral, date, time Mon 10Am 3/2

Church, Chapel, Graveside Graveside : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran N/O.

Lot 672 Grave ____ Row ____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	100.00
Burial Container	99.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	299.00
Paid receipt number 34242	200.00
Balance due	99.00

PAID MAR 2, 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

200 Dep
99 Bal

34246

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.

X Edward Kelley
Signature

X 2980 Cedar St.
Address

San Diego CA 92102
State Zip Code

238-9631
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 6490

Invoice # ____

Acct. # ____

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

№ 34242

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/27, 1987

From: Edward Kelley Address: 2980 Cedar St - SD 92102

Two Hundred Dollars ($ 200.00)

In Part Payment of Interment fees for Raynette Marie Kelley - dec

Lot 672 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. —

Acct. No. —

W.O. E 6490

BALANCE DUE 99.00

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 Leozen Stell

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	100	00
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)

№ 34246

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/2/87, 19

From: Mr Edward Kelley - Address: 2980 Cedar St - S.D. - 92102

Nintynine Dry 100 Dollars ($ 99.00)

In full Payment of Interment of Raynette Marie Kelley Inc

Lot 672 Grave — Row — Section 1 Division Block 9

Invoice No. —

Acct. No. —

W.O. E-6490

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 George Stella

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	79	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	$	99	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6490

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RAYNETTE MARIE KELLEY	Female	Oct. 18, 1985	Feb. 25, 1987

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	Marlene Bailey - Mot her 5014 Auburn St. San Diego, CA 92105

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 Martin L. King Way: 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: MAR 2 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mtr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 2 1987 (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 02-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin Standard

in a Bell (Vault/Liner) Funeral, date, time Tues 3/3 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 117 Grave 5 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 34243	100.00
34248 → Balance due	1001.00
	1001.00

PAID
MAR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

02-27-87

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

Address 5988 ATTAMONT DR.

State C A. Zip Code 92139

Telephone 263-8924

Invoice # _____

Acct. # _____

Work Order # E 6491

PY-593 (REV. 8-85)

№ 34248

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/2/87, 19__

From: Doerrell Lucious Address: S.D.

One Thousand and One and 00/100 Dollars ($ 1001.00)

In full Payment of Interment fees for Marvin Standard - due

Lot 117 Grave 5 Row ____ Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 6491-

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 George Stetts

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	296	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	60101 78390	6	00
TOTAL PAID	$	1001	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6491

№ 34243

Date: 03-27, 19[illegible]

From: Durrell Guyan Address: 5330 Conita Dr. [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot [illegible] Grave 5 Row _____ Section [illegible] Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E6491

BALANCE DUE $1001.00

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	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	60101 78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6491

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marvin Linn Standard	Male	April 2, 1960	Feb. 25, 1987

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 Standard - Mother 5330 Bonita Drive San Diego, CA 92114

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

- [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 Martin Luther King Way: 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: MAR 2 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamros, M.D. Mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 3 1987 (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 3-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SYLVIA MACKINNON

in a LINER Funeral, date, time TUES 3-3-87 12 NOON

Church, Chapel, ~~Shell & liner~~ Graveside GRAVESIDE ; FEATHERGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✔ Lot 127 Grave 7 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund E4291 (1984) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320.-

Burial Container Liner 100.-

Handling Fees 145.-

Flower vases - Marker setting fee _____

Recording and filing fee 35.-

Sales taxes 6.-

Total Due 606.-

PAID
MAR 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Paid receipt number 34254 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 6492

Acct. # _____

PY-593 (REV. 9-85)

E 6492 № 34254

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-03, 19 77

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 641.00)

In full Payment of [illegible]

[illegible] (6[illegible])

Lot 3433/137 Grave 7 Row Section 3 Division Block [illegible]

Invoice No. 15[illegible]

Acct. No. [illegible]

W.O. E 6393 + E 6492

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	3[illegible]
Burial Containers	100 77182	1[illegible]
Handling Fee	100 77183	145
Recording & Misc. Fees	100 77183	[illegible]
Pre-Need Trust INV	65033 9022	35
Sales Tax	60101 78390	6
TOTAL PAID	$	641

AC-212 (Rev. 11-86)

E 6492

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SYLVIA EVELYN MAC KINNON	female	Aug. 5, 1923	Feb. 28, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	William C. Firth, son 5676 Shoshone St. Simi Valley, Ca. 93063

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 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: MAR 2 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M. Dmm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 3 1987 (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 03-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John A. Jones in a Bell (Vault/Liner) Funeral, date, time Tues 3/3 10:30 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 91 Grave 5 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	E6351 (1986) PNT	Renewed
Additional spaces and care fund	$495	Trust
Opening/Closing & Setup	PNT $320	Deposit
Burial Container	$100	
Handling Fees	$145	
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	PNT — $6.00	
	Total Due	35.00
	Paid receipt number 34253	35.00
	Balance due	-0-

PAID
MAR 3 1987
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 # ____

Work Order # E 6493

Acct. # ____

PY-583 (REV. 8-85)

PNT Withdrawal

E6493 № 34253

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-03, 19 77

From: Ruth A Blakley Address: 132 Cook St San Francisco 94

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of John A Jones service

Lot 91 Grave 5 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6493

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. Wang

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)

E6493

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 A. JONES	Male	Sept. 2, 1921	Feb. 27, 1987

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	Ruth Blakely - Sister 132 Cook Street San Francisco, California 94118

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, 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: MAR 3 1987	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 MAR 3 1987 (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

№ 34675

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-6, 1987

From: Ruth Gleckel Address: 132 Cook Street S.F. CA

One hundred twenty-five Dollars ($ 125 24/118)

In Payment of installation of Vetran Marker

for [illegible]

Lot 91 Grave 5 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-6493

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2283

AC-212 (Rev. 11-86)

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183	125	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Robert Rodney Pilty

in a Topseal Vault (Vault/Liner) Funeral, date, time Thurs - 9 AM Mass - 3/5

Church, Chapel, Graveside Mass at G.S. ; Cypress-Bonham Mortuary.

All Funeral cars must 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 489 Grave — Row — Section — Division/Block 10

PAID
MAR 5 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	595.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Topseal Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee + 2 @ 15.90	31.80
Recording and filing fee	3.50
Sales taxes	10.50
Total Due	1337.30 ~~1305.60~~
Paid receipt number 34271	1337.30
Balance due	-0-

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Rose R. Wicklund

Address: 3554 Island Ave

State: San Diego Zip Code: 92112

Telephone: 232-8082

Invoice # _____

Work Order # E 6494

Acct. # _____

PY-593 (REV. 8-85)

E6494

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 Robert Rodriguez Piltz	Male	9-21-45	FOUND 2-28-87

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	Rosa R. Wicklund - Mother 3554 Island Ave. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave., San Diego, CA 92113	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 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: MAR 04 1987	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 3/5/87 (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: 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

№ 34271

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-04, 1981

From: Rosa R. Wiebland Address: 3554 Island Ave SD Ca 92102

Thirteen hundred thirty seven and 34/100 Dollars ($ 1337.38)

In full Payment of David Robert Rodriguez Petty service and (2) flower vases installed

Lot 489 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6494

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. Yang

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	185	00
Handling Fee	100 77183	191	20
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	10
TOTAL PAID	$	1337	30

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshua Kenneth Grainger in a T.S. Vault Boot (Metal Liner) Funeral, date, time Wed. 3/4 7:00 Church, Chapel, Graveside San Marcos Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 16 Grave A Row ____ Section MAS Division/~~Block~~ R

Grave space & Care Fund		495 00
Additional spaces and care fund		
Opening/Closing & Setup		320 00
Burial Container	+75	100 00
Handling Fees	+25	145 00
Flower vases - Marker setting fee		
Recording and filing fee		35 00
Sales taxes	+4.50	6 00
Total Due		1101 00
Paid receipt number 34252		1101 00
34268 Balance due		-0-

PAID
MAR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

upgrade to Vault
$104.50

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Roger O. Grainger
Signature of recorded holder of deed

Roger O. Grainger
Signature
3777 Buena Crk Rd.
Address
Vista, Ca. 92084
State Zip Code
727-4037
Telephone

Work Order # E 6495

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E 6495 № 34252

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: [illegible], 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 16 Grave A Row Section [illegible] Division Block [illegible]

Invoice No.

Acct. No.

W.O. E 6495

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	[illegible]
80% Sales of Lots	100 77184	[illegible]
Opening/ Closing	100 77181	[illegible]
Burial Containers	100 77182	[illegible]
Handling Fee	100 77183	[illegible]
Recording & Misc. Fees	100 77183	[illegible]
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	%	[illegible]

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 34268

Date: 3/4/87 19

From: Roger Granger Address: 3777 Buena Creek Rd-Vista 92083

One Hundred Four & 50/100 Dollars ($ 104.50)

In Full Payment of Upgrade Burial E-6495 - J. Granger - from Ball Liner to Topped Vault -

Lot 16 A Grave Row Section MAS Division Block R

Invoice No.

Acct. No

W.O. E6495

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	75 00
Handling Fee	100 77183	25 00
Recording & Misc. Fees	100 77180	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	4 50
TOTAL PAID	$	104 50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 11-86) 2292

E6495

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Joshua Kenneth Corner Grainger	Male	Dec. 2, 1911	March 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Vista	San Diego	Roger Grainger - Nephew

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
San Marcos Mortuary 435 N. Twin Oaks San Marcos, CA	1378	3777 Buena Creek Rd. Vista, CA 92084

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: 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: MAR 03 1987. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.C. ut	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/4/87 (ENTER DATE). SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Roger W Stetton	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.

(DIP)
2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-03-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Avant

in a Bell Vault/Liner Funeral, date, time Thurs at 2 p.m. - 3/5

Church, Chapel, Graveside Church & Gs. ; Cypress Vw Mortuary.

All Funeral cars must 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

✓ Lot 38 Grave 12 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund P.215 (1972) (D.I.P.) Renewed

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 34257	606 00
Balance due	0

PAID
MAR 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by daughter Alice Worthy

(over)

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

+ Alice M. Woods
Signature
4855 Ocean View Blvd.
Address
Ca 92113
State Zip Code
262-6617
Telephone

Work Order # E 6496

Invoice # _____

Acct. # _____

PY-683 (REV. 8-85)

NSF check - cleared 4-1-87

NSF check 606 00
+ 10 00
616 00
04-01-87 R34373 616 00
-0-

PERMIT FOR [illegible]OSITION OF H[illegible]MAN REMAINS

E 64496

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mamie Louise Avant	Female	Sept. 30,1912	Feb. 28, 1987

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	Alice Woody - Daughter 4855 Ocean View Blvd. San Diego, CA. 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON [illegible])	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.		COUNTY: San 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: MAR 04 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/5/87 (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: 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

NSF Check - replaced R-34373
4-1-87

OFFICIAL RECEIPT

№ 34257

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 3/3/87, 19

From: Delia Woody Address: 4855 Ocean View Bl - S/D 92113

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment Fee for Louise Avant dec

Lot 38 Grave 12 Row — Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-6496

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 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 11-86)

№ 34373

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[illegible]

From: Alice M. Wooley Address: 4855 Creamery Blvd (Sa Ca 9[illegible]

Six hundred sixteen and [illegible] Dollars ($ 616 —)

In full Payment of [illegible] avant [illegible] [illegible]

[illegible] NSF [illegible])

Lot [illegible] Grave [illegible] Row _____ Section [illegible] Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E 6496

BALANCE DUE [illegible]

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	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	616	00

AC-212 (Rev. 11-86)

Preneed Trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-03-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Breedlove

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 14 Grave 11 Row _____ Section MAS Division/Block S

Grave space & Care Fund (1931)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Top Seal Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 34255	50.00
Balance due	660.50

3/3/87

(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

Richard W. Breedlove
Signature

P.O. Box 13005
Address

San Diego Ca 92113
State Zip Code

239-2546
Telephone

Invoice # _____

Work Order # E 6497

Acct. # _____

PY-593 (REV. 8-85)

Payment book 24 mo @ $28 for 23 mo
$16.50 for 1 mo

2370 Julian Ave.
SA Ca. 92113

04-14-87	34426 ✓	660 50
		28 00
		632 50
		28 00
05-12-87	34566 ✓	604 50
6-12-87	34693	28 00
		576 50
7-13 87	34809	28.00
		548.50
8-11-87	34927	28.00
		520.50
9-11-87	35030	28.00
		492.50
10-13-87	35158	28.00
Due 15th of month		464.50
11-16-87	35306	28.00
		436.50
12-14-87	35427	28.00
		408.50

E6497

№ 34255

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 03-03, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible] Trust [illegible]

[illegible]

Lot 14 Grave 11 Row _____ Section [illegible] Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E6497

BALANCE DUE $661.50

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 [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	50.00
Sales Tax	60101 76390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

№ 34426

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-14, 19 87

From: Richard Breedlove Address: PO Box 13005 SDCa 92113

Twenty eight and no/100 Dollars ($ 28.00)

In Cert Payment of Preneed Trust Deposit

Lot 14 Grave 11 Row Section MAS Division Block S

Invoice No.

Acct. No.

W.O. E6497

BALANCE DUE $632.50

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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34566

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 15-12, 1987

From: Richard Bredlove Address: P.O. Box 13005 Sh Ca 92113

Twenty eight and no/100 Dollars ($ 28.00)

In Part Payment of Preneed Trust Deposit

Lot 14 Grave 11 Row Section MAS Division Block S

Invoice No.

Acct. No.

W.O. E6497

BALANCE DUE $604.50

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. Zang

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	28.00
Sales Tax	80101 78390	
TOTAL PAID	$	28.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

E6497 № 34693

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-12, 1987

From: Richard Bradbury Address:

Twenty-eight 00/ Dollars ($ 28.00)

In Payment of Perpetual Trust, Crypt #3

Lot H Grave 11 Row Section MAS Division Block S

Invoice No

Acct. No

W.O.

BALANCE DUE 56.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐
2418

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	53033 9022	28 00
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

№ 34809

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-13, 1987

From: Richard Greenlee Address: P.O. Box 13005

twenty - eight Dollars ($ 28.00)

In _____ Payment of Coupon # 4 Preneed Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE $46.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
2440

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kindy 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	28	—
Sales Tax	60101 78390		
TOTAL PAID	$	28	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 34927

Date: 8-11, 1987

From: Richard Breedlove Address: San Diego

Twenty-eight dollars Dollars ($ 28.00)

In Coupon Payment of Credit Sale - Coupon # 5
E-6497

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2473

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	28	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	$	28	00

E6497 № 35030

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-11, 1987

From: Richard Guedkoe Address: P.O. Box 13005 SD 92113

twenty-eight Dollars ($ 28.00)

In _____ Payment of Coupon #6, Trust Deed

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 49250

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2499

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	28	—
Sales Tax	60101 78390		
TOTAL PAID	$	28	—

№ 35157

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-13, 1987

From: Richard Brecklone Address: P.O. Box 13005, SD 92113

twenty-eight Dollars ($ 28.00)

In _____ Payment of Coupon #7 Credit Lot

Lot 14 Grave 11 Row _____ Section MAS Division Block G

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2524

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	28	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	$	28	00

E6497 № 35306

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-16, 1987

From: [illegible] Address: P.O. Box 13005, SD

twenty-eight Dollars ($ 28.00)

In _____ Payment of Crypt #8 Credit Lot

Lot 14 Grave 11 Row _____ Section MHS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 436.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2556

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	28	00
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35554

Date: 1-11, 1988

From: Richard Breedlove Address: P.O. Box 13605

twenty-eight no/100 Dollars ($ 28.00)

In _____ Payment of Sleeper # 10 Pre-need Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 380.50

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

JAN 13 1988

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 10-87) 2611

OFFICIAL RECEIPT

№ 35729

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-17, 1988

From: Richard Greenlee Address: P.O. Box 13005, SD

Twenty-eight no 1100 Dollars ($ 28.00)

In _____ Payment of Vaughn #11 Pre-need Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 35250

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

2646

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 23 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	28.00
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6497 No. 35878

Date: 3-14-, 19 86

From: Richard Greenlee Address: P.O. Box [illegible]

Dollars ($ 28.00)

In _____ Payment of Preneed Trust

Lot 14 Grave 11 Row _____ Section MA Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E6497

BALANCE DUE 324.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

2672

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1986

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	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	$	28	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36001

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-11, 19 88

From: Richard Greathouse Address: P.O. Box 13005, SD 92113

Twenty-eight Dollars ($ 28.00)

In Payment of Oregon 13 Preneed Trust

Lot 14 Grave 11 Row Section 11H5 Division Block S

Invoice No.

Acct. No.

W.O. E-6477

BALANCE DUE 296.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

2704

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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35427

Date: 12-14, 1987

From: Richard Bradlove Address: P.O. Box 13005 S.D. 92113

Twenty-eight dollars & 00/100 Dollars ($ 28.00)

In _____ Payment of Coupon #9 Credit lot

Lot 14 Grave 11 Row _____ Section Mas Division Block G

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 408.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2584

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Nora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	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	$	28	00

OFFICIAL RECEIPT

№ 36144

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-11 19 88

From: Richard Greenlaw Address: P.O. Box 13005, San Diego, CA

twenty-eight Dollars ($ 28.00)

In _____ Payment of Preneed Trust Coupon 14

Lot 14 Grave 11 Row _____ Section MAS Division ~~Block~~ S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 268.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2737

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	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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36295-A

Date: 6-14, 19 88

From: Richard Bruckhove Address: P.O. Box 13005, San Diego

Twenty-eight no/100 Dollars ($ 28.00)

In _____ Payment of Coupon 15 Crickett Lot

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 240.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2770

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

012413

CITY AUDITOR

JUN 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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36415

Date: 7-12 19 88

From: Richard Grubbs Address: P.O. Box 13005, SD 92113

Twenty-eight 28/00 Dollars ($ 28.00)

In Payment of Coupon to Credit Branch Trust

Lot 14 Grave 11 Row Section NHS Division Block S

Invoice No.

Acct. No.

W.O. E-6497

BALANCE DUE 212.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2792

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	JUL 19 1988	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	27	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36557

Date: 8-15, 19 88

From: Richard Bradley Address: P.O. Box 13005

Twenty - eight no/100 Dollars ($ 28.00)

In _____ Payment of Coupon 17 Credit Deferred Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 184.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒

AC-212 (Rev. 10-87) 2821

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 22 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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

№ 36681

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-13, 1988

From: Richard Lindbergh Address: P.O. Box 13005, SD 92113

twenty-eight 28/100 Dollars ($ 28.00)

In _____ Payment of Vaughn 18 Preneed Trust

Lot 14 Grave 11 Row _____ Section MAS Division ~~Block~~ S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 156.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2846

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	28	00
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36836

Date: 10-12, 19 88

From: Richard Breeklove Address: P.O. Box 13005, San Diego

twenty-eight no/100 — Dollars ($ 28.00)

In _____ Payment of Coupon 19 Preneed Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. 8-6497

BALANCE DUE 128.50

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	28	00
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

CITY AUDITOR
OCT 19 1988

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

№ 36964

Date: 11-14, 1988

From: Richard Bradlove Address: P.O. Box 13005, San Diego

Dollars ($ 26.00)

In _____ Payment of Coupon 20 Pioneer Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. 2-6497

BALANCE DUE 100.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

29.00

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 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	26.00
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

E 6497 № 37100

Date: 12-13, 19 88

From: Richard Franklin Address: P.O. Box 13005, S.D., CA

Twenty eight no/100 Dollars ($ 28.00)

In _____ Payment of Cayon 21 Pierced Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 72.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2932

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	28.00
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

CITY AUDITOR
DEC 27 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E6497 № 37227

Date: 1-13, 1989

From: Richard Breedlove Address: P.O. Box 13005, SD

twenty-eight 00/100 Dollars ($ 28.00)

In _____ Payment of Coupon 22 Pre-need Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE 44.50

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	28.00
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

CITY AUDITOR
JAN 23 1989

AC-212 (Rev. 10-87) 2963

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37358

Date: 2-13, 1989

From: Richard Buedlow Address: P.O. Box 13005

twenty-eight no/100 Dollars ($ 28.00)

In _____ Payment of Coupon 23 Pre-need Trust

Lot 14 Grave 11 Row _____ Section MAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. 8-6497

BALANCE DUE 16.50

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	28.00
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

CITY AUDITOR
FEB 21 1989

AC-212 (Rev. 10-87) 2492

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37465

Date: 3-7, 1989

From: Richard Bruhlow Address: P.O. Box 13005, SD 92113

Sixteen 50/100 Dollars ($ 16.50)

In _____ Payment of Coupon 24 Pre-need Trust

Lot 14 Grave 11 Row _____ Section NAS Division Block S

Invoice No. _____

Acct. No. _____

W.O. E-6497

BALANCE DUE —

Paid in Full

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 10 1989

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	16	50
Sales Tax	60101 78390		
TOTAL PAID	$	16	50

AC-212 (Rev. 10-87)

3011

NAME BREEDLOVE, RICHARD ACCT. NO. E-6497

ADDRESS P.O. Box 13005, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Mar 3	87	Opening/Closing, Top Seal Vault, Recording Fee	710 50		302 00	4 08 50
1-11	88	Coupon #14 Prepaid Trust Receipt 354			2800	30[redacted]50
2-17	88	Coupon #11, Receipt # 35728			2800	35250
3-14	88	Coupon #12, Receipt # 35878			2800	32450
4-11	88	Coupon #13, Receipt 36001			2800	29650
5-11	88	Coupon #14 Receipt 36144			2800	26850
6-14	88	Coupon #15 Receipt 36295			2800	24050
7-12	88	Coupon #16, Receipt 36415			2800	21250
8-15	88	Coupon #17 Receipt 36557			2800	18450
9-13	88	Coupon #18, Receipt 36681			2800	- 15650
10-12	88	Coupon #19, Receipt 36836			2800	12850
11-14	88	Coupon #20, Receipt 36964			2800	10050
12-12	88	Coupon #21, Receipt 37100			2800	7250
1-13	88	Coupon #22 Receipt 37227			2800	4450
2-13	89	Coupon #23 Receipt 37358			2800	1650
3-7	89	Coupon 24 Receipt 37465			1650	[redacted]00

BREEDLOVE, RICHARD

AIGNER FORM NO. 25-204 14 - 11 - MAS - S PRINTED IN USA

Send or bring one coupon with each remittance. **COUPON 1**

DO NOT MAIL ENTIRE BOOK

PRENEED

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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: 15th ▶ $ 28.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

$ 29.00

Amount Received $ 28.00

NAME Richard W. Breedlo

ADDRESS P O Box 13005

CITY San Diego STATE Ca ZIP 92143

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK - PRENEED TRUST DEPOSIT

ACCOUNT No. E-6497

Richard Breedlove
PO Box 13005
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 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$ 29.00

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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: 5th ▶ $ 28.00

Amount due if paid more than 15 days after due date above: ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. th ▶ $ 28.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P O Box 13005

CITY San Diego 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. E-6497 TRUST DEPOSI

Richard Breedlove
PO Box 13005
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: 5th — $ 28.00

Amount due if paid more than 15 days after due date above. — $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92112

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK CHANGED AS

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P O Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 **TRUST DEPOSIT**

Richard Breedlove
PO Box 13005
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: 15th $ 28.00

Amount due if paid more than 15 days after due date above.. $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. 5th $ 28.00

Amount due if paid more than 15 days after due date above: $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Breedlove

ADDRESS P.O Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 **TRUST DEPOSIT**

Richard Breedlove
PO Box 13005
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. 15th $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 23005
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. 15th ▶ $ 28.00

Amount due if paid more than 25 days after due date above. ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. 5th ▶ $ 28.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard W Breedlove

ADDRESS P. O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Smedlove
PO Box 13005
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. 5th ▶ $ 20.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard W. Smedlove

ADDRESS P. O. Box 13005

CITY San diego STATE Ca. ZIP 9211 3

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Freedlove
PO Box 13005
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: 15th $ 28.00

Amount due if paid more than 15 days after due date above: $ 1.00

$

Amount Received $ 28.00

NAME Richard W Bradley

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
San Diego, CA 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR
			XX								

Amount due when paid on, or before due date above 5th ▶ $ 26.00

Amount due if paid more than 15 days after due date above ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Steedlove
PO Box 13005
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			22								

Amount due when paid on, or before, due date above 22 $ 28.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.04

NAME Richard Bareuther

ADDRESS P. O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6497 TRUST DEPOSIT

Richard Treadlove
PO Box 13005
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: 5th — $ 26.00

Amount due if paid more than 15 days after due date above. — $ 1.00

$

Amount Received $ 28.00

NAME Richard Treadlove

ADDRESS P. O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6497 **TRUST DEPOSIT**

Richard Breedlove
PO Box 13005
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: Eh ▶ $ 25.00

Amount due if paid more than 15 days after due date above: ▶ $ 1.00

$

Amount Received $ 26.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-6497 TRUST DEPOSIT

Richard Breedlove
PO Box 13005
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. Sep 15 $ 26.00

Amount due if paid more than 15 days after due date above. $ 1.00

$

Amount Received $ 28.00

NAME Richard Breedlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance: **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Broadlove
PO Box 13005
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. 1th ▶ $ 28.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

$

Amount Received $ 28.00

NAME Richard Broadlove

ADDRESS P. O. Box 13005

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Broadlove
PO Box 13005
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. 5th — $ 28.00

Amount due if paid more than 15 days after due date above. — $ 1.00

$

Amount Received $ 28.00

NAME Richard Broadlove

ADDRESS P.O. Box 13005

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6497 TRUST DEPOSIT

Richard Steadlove
PO Box 13005
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: 6th ▶ $ No SD

Amount due if paid more than 15 days after due date above ▶ $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-03-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Louise Thompson &

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 3/13 AM

Church, Chapel, Graveside Upon delivery Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 63 Grave 5 Row ____ Section 4 Division/~~Block~~ 5

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	
Recording and filing fee	3 50
Sales taxes	2 40
Total Due	242 40
Paid receipt number 34259	242 40
Balance due	-0-

PAID
MAR 3 1987
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.

Martie L Wist
Signature of recorded holder of deed

Martie L Wist
Signature
3602 Broderick Pl.
Address
Bonita CA 92002
State Zip Code
479-7527
Telephone

Work Order # E 6498

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

Legal Typed

OFFICIAL RECEIPT

E 6498 Nº 34259

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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.

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	
Sales Tax	60101 78390	
TOTAL PAID	$	

E6498

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALICE LOUISE THOMPSON	Female	03-21-1898	02-28-1987

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	Martie L. Wirt (Daughter) 3602 Pradera Place Bonita, CA 92002

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 Leneda, Inc. 14065 Olde Highway 80 - El Cajon, CA	DATE CREMATED 3/4/87	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 MAR 04 1987 ▶ 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 MAR 13 1987 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-04-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Caroline McDonald

in a Bell (Vault/Liner) Funeral, date, time Fri 3/6 10:00

Church, Chapel, Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 161 Grave 1 Row ____ Section 4 Division/~~Block~~ 1

Grave space & Care Fund (1953) A6347 Prneed

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

PAID
MAR 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due #606 00

Paid receipt number 34275 606 00

Balance due -0-

Called by Dary

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6499

Acct. # ____

PY-593 (REV. 8-85)

Mortuary to bring check

OFFICIAL RECEIPT

№ 34275

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: Dennis McDonald Address: 3414 Calavo, Sp Valley, CA 92077

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Caroline McDonald Service

Lot 161 Grave 1 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E6499

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	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	$	606	00

AC-212 (Rev. 11-86)

E 6499

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CAROLINE (NMN) McDONALD	Female	Nov. 4, 1909	March 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Dennis W. McDonald - Son 3414 Calavo Drive Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR 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 MAR 5 1987 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 3/6/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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 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.

Renewed
Trust account
for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-04-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adelfo + Aida Villegas

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3678 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Renewed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ #320.00	640.00
Burial Container Double Depth Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ $35	70.00
Sales taxes	19.80
Total Due	379.80
03-04-87 Paid receipt number 34262 ✓	45.00
Balance due	334.80
	(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

Aida P. Villegas
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6500

Acct. # _____

PY-593 (REV. 8-85)

Sent 3-16-87

24 mo payment book

23 @ $56.00

1 @ $46.80

04-02-87	34381	$1334.80
		56.00
05-05-87	34520	1278.80
		56.00
06-01-87	34630	$1,222.80
		56.00
7-1-87	34763	1166.80
		56.00
9-2-87	35059	1110.80
		56.00
85-87	34895	1054.80
		56.00
10-19-87	35178	998.80
		56.00
11-3-87	35240	942.80
		56.00
12-9-87	35407	886.80
		56.00
		830.80

OFFICIAL RECEIPT

№ 34262

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-04, 19 [illegible]

From: Aida Villegas Address: 1020 So. 31st St. SD Ca 92113

Forty five and no/100 Dollars ($ 45.00)

In part Payment of Pre-need Trust Deposit

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6500

BALANCE DUE $1334.00

[illegible] 1 [illegible] 96.00

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. Tang

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	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34381

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-02, 19 87

From: Aida Villegas Address: 1020 So. 31st St. S.D. Ca 92113

Fifty six and no/100 Dollars ($ 56.00)

In Part Payment of Preneed Trust Deposit

Lot 3648 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6500

BALANCE DUE $1578.00

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	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34520

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-05, 19 87

From: Aida Villegas Address: 1120 So. 31st St. Sdla 92113

Fifty six and no/100 Dollars ($ 56.00)

In Part Payment of Preneed Trust Deposit

Lot 3678 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6500

BALANCE DUE $1222.00

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	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 11-86)

№ 34630

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 06-01, 1987

From: [illegible] Address: [illegible] 92113

[illegible] Dollars ($ 56.00)

In [illegible] Payment of Preneed trust deposit

Lot 3678 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6500

BALANCE DUE $1166.00

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	56.00
Sales Tax	60101 78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 11-86)

E 6500

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

JUL 26 1988

№ 36446

Date: 7-22, 1988

From: [illegible] Address: 975 [illegible] Dr, SD 92154

Three hundred fifty-five Dollars ($ 355.00)

In Payment of Pre-need Opening/Closing and Recording fees

Lot 3676 Grave 0 Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6500

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 [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	355	00
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 34763

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-1, 1987

From: Leda Villera Address: 1020 So. 31 St, S.D 92113

Fifty Six Dollars ($ 56 —)

In _____ Payment of Oxygen #4 Trust Deposit

Lot 3678 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE $ 1110.80

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 Landy 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	56	—
Sales Tax	60101 78390		
TOTAL PAID	$	56	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34895

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5- , 1987

From: Aida Villegas Address: 1020 So. 31st S.D. CA 92113

Fifty-six dollars and 00/100 Dollars ($ 56.00)

In gold Payment of Trust Deposit Coupon #5

Lot 3678 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6500

BALANCE DUE 1054.80

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 W. J. League

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	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

№ 35059

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-21, 1987

From: [illegible] Villegas Address: 1020 S. 36th Street

[illegible] Dollars ($ 56.00)

In [illegible] Payment of [illegible] #6 Pre-need

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 996.60

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	56	—
Sales Tax	60101 78390		
TOTAL PAID	$	56	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35178

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-19 , 19 87

From: Aida Villegas Address:

Fifty-Six and xx/100 Dollars ($ 56.00)

In part Payment of Preneed Trust Deposit

Lot 3678 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6500

BALANCE DUE ~~$56.00~~

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

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	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

Pre-Need Lot ☐ / At Need ☐ / On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

ISSUED BY B. Morrison

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35240

Date: 11-3, 1987

From: ADOLFO & AIDA VILLEGAS Address: 1020 S. 31st S.D. 92113

Fifty five Dollars Dollars ($ 56.00)

In Part Payment of Pre Need Trust

Lot 3678 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-6500

BALANCE DUE 886.80

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 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	56 00
Sales Tax	60101 78390	
TOTAL PAID	$	56 00

OFFICIAL RECEIPT

E 6500 № 35487

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Linda Villegas Address: 1020 S. 31st, SD

Fifty Six Dollars ($ 56.00)

In _____ Payment of Coupon #10 Pre-need Trust

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 774.80

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
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	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	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

E 6500 № 35616

Date: 1-29, 1988

From: Cuda Villegas Address: 1025 S. 31st

Fifty-Six 00/100 Dollars ($ 56.00)

In _____ Payment of Canyon #11 Pre-need Trust

Lot 3678 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 716.50

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 03 1988

ISSUED BY [signature]

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	56.00
Sales Tax	80101 78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 10-87)

E6500 № 35867

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-11, 1988

From: Aida Villeros Address: 1020 S. 31st, 92113

Fifty - Six 00/100 Dollars ($ 56.00)

In _____ Payment of Canyon # 12 Pre-need Trust

Lot 3678 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 662.80

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 16 1988

ISSUED BY Sandra Rara

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	56.00
Sales Tax	60101 78390	
TOTAL PAID	$	56.00

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

№ 35975

Date: 4-5- , 1988

From Adolfo/Aida Villegas Address: 1020 So. 31st S.D. CA 92113

fifty six dollars and ×/100 Dollars ($ 56.00)

In part Payment of prened trust deposit

Lot 3678 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6500

BALANCE DUE 606.80

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

APR 8 1988

ISSUED BY W.J. Tenga

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	56 00
Sales Tax	60101 78390	
TOTAL PAID	$	56 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35407

Date 12-9, 19 67

From Adolfo Villegas Address 1020 S. 21st

Fifty-six 00/100 Dollars ($ 56.00)

In Payment of Fifty six

Lot 367 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-6580

BALANCE DUE 830.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Judy 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	56 00
Sales Tax	60101 78390	
TOTAL PAID	$	56 00

OFFICIAL RECEIPT

E6500 № 36131

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-9, 1988

From: Aida Villegas Address: 1020 S. 31st, SD

fifty-six dollars Dollars ($ 56.00)

In _____ Payment of Pre-need Trust Compr #16

Lot 3608 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 550.80

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 12 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	56.00
Sales Tax	60101 78390	
TOTAL PAID	$	56.00

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

№ 36260

Date: 6-7 19 88

From: Ada Villegas Address: 1020 S. 31st Street, SD

Fifty-six no/100 Dollars ($ 56.00)

In _____ Payment of Coupon 15 Preneed Trust

Lot 3678 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 494.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

012082 CITY AUDITOR JUN 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	56.00
Sales Tax	60101 78390	
TOTAL PAID	$	56.00

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

№ 36382

Date: 7-6, 1988

From: Lydia Villegas Address: 1020 S. 31 Street, SD

Fifty 24 no/100 Dollars ($ 56.00)

In _____ Payment of Coupon 16 Pre-need Trust

Lot 3676 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6500

BALANCE DUE 438.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY Lydia Vaid

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	56.00
Sales Tax	60101 78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 10-87)

Evelia Flores

NAME VILLEGAS, ADOLFO & AIDA ACCT. NO. E-6500

ADDRESS 1020 S. 31st Street, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Ma[illegible]	87	2 Opening/Closing, Double Crypt, 2 Recording	1379 80		549 00	830 80
1-4	88	Coupon #10 Receipt # 35487			56 00	774 80
1-29	88	Receipt # 35616, Coupon #11			56 00	718 80
3-11	88	Coupon #12, Receipt # 35867			56 00	662 80
4-5	88	Coupon 13, Receipt 35975			56 00	606 80
5-9	88	Coupon 14, Receipt 36121			56 00	550 80
6-7	88	Coupon 15, Receipt 36260			56 00	494 80
7-6	88	Coupon 16 Receipt 36382			56 00	438 80
7-18	88	Receipt 36428			83 80	355 00
7-22	86	Receipt 36446			355 00	-0-

AIGNER FORM NO. 25-204 VILLEGAS, ADOLFO & AIDA 3678 - 10 PRINTED IN USA

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRENEED TRUST DEPOSIT

Adolfo & Aida Villegas
1020 So. 31st
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 ▶ $ 56.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 57.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRENEED TRUST DEPOSIT

Adolfo & Aide Villegas
1020 So. 31st
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 ▶ $ 56.00

Amount due if paid more than 10 days after due date above ▶ $ ~~1.00~~

$ ~~57.00~~

56 Cash

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRENEED TRUST DEPOSIT

Adolfo & Aida Villegas
1020 So. 31st
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: 0th ▶ $ 56.00

Amount due if paid more than 10 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** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRENEED

- TRUST

Adolfo & Aide Villegas DEPOSIT

1020 So. 31st

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 :h ▶ $ 56.00

Amount due if paid more than 10 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-6500 PRENEED TRUST DEPOSIT

Adolfo & Aida Villegas
1020 So. 31st
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 ▶ $ 56.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ _____

Amount Received $ 56.00

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-6500 PRENEED TRUST

Adolfo & Aide Villegas DEPOSI
1020 So. 31st
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. 5th $ 56.00

Amount due if paid more than 10 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** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6500 PRENEED TRUST DEPOSIT

Adolfo & Aida Villegas
1020 So. 31st
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 ▶ $ 56.00

Amount due if paid more than 10 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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PREPAID

TRUST

Adolfo & Aida Villegas DEPOSI

1020 So. 31st

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 10th ▶ $ 56.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$

Amount Received $ 56.00

NAME

ADDRESS

CITY STATE ZIP

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PREMIED TRUST DEPOSIT

Adolfo & Alda Villegas
1020 So. 31st
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 ▶ $ 56.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

56.00
12/9/87 Cash

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRINTED

TRUST

Adolfo & Aida Villegas DEPOSIT

1020 So. 31st

San Diego, CA 92113

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: 7th $ 56.00

Amount due if paid more than 10 days after due date above: $ 1.00

Cash $ 56.00

1/4/88

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 FRENKED TRUST DEPOSIT

Adolfo & Alda Villegas
1020 So. 31st
San Diego, CA 92113

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: 10th $ 56.00

Amount due if paid more than 10 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 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PRENEED TRUST

Adolfo & Aida Villegas DEPOSIT

1020 So. 31st

San Diego, CA 92113

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. eh $ 56.00

Amount due if paid more than 10 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 **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PREPAID TRUST DEPOSIT

Adolfo & Aida Villegas
1020 So. 31st
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 ▶ $ 36.00

Amount due if paid more than 10 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 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PENNED

TRUST

Adolfo & Aida Villegas DEPOSIT

1020 So. 31st

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 th ▶ $ 56.00

Amount due if paid more than 10 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** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PREPAID TRUST DEPOSIT

Adolfo & Alda Villegas
1020 So. 31st
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 $ 56.00

Amount due if paid more than 10 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** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6500 PENCILED

TRUST

Adolfo & Aida Villegas DEPOSIT

1020 So. 31st

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 6th $ 56.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address