MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Proceed lot for

Date 03-04-87

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 97 Grave 11 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	$250.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$250.00
Paid receipt number 34267	10.00
Balance due	240.00

03-04-87

(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

Isaac M. Lang
Signature
3636 Del Sol Apt F
Address
S.D. Ca. 92154
State Zip Code
690-9504
Telephone

Invoice # _____

Work Order # E 6501

Acct. # _____

PY-593 (REV. 8-85)

Payment book 24 @ $10 ea

4-10-87 34412

240 00
10 00
230 00

See
WO E-6613
04-20-87

Burial of
Isaac M. Lang

OFFICIAL RECEIPT

№ 34267

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

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

Date: 03-04, 19 87

From: Isaac M. Yang Address: 3636 [illegible]

[illegible] Dollars ($ 10.00)

In part Payment of Pre-need lot

Lot 97 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6501

BALANCE DUE $540.00

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

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

ISSUED BY E. Yang

CREDIT	67007		
20% Sales Care	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		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 11-86)

№ 34412

OFFICIAL RECEIPT

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

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

Date: 04-10, 19 87

From: Isaac M. Lang Address: 3636 Del Sol Blvd, E, Sn Ca 92154

Ten and no/100 Dollars ($ 10.00)

In part Payment of Preneed lot

Lot 97 Grave 11 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. E 6501

BALANCE DUE $230.00

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	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	$00 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-650[redacted]

Isaac M. Lang
3636 Del Sol Blvd. Apt F
San Diego, CA 92154

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 — $ 10.00

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

$ 11.00

Amount Received $ 10.00

NAME Isaac M. Lang

ADDRESS 3636 Del Sol Blvd #F

CITY San Diego STATE CA ZIP 92154

☐ check (✓) if this is new address

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 Lily Horn

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 3/6 10:00

Church, Chapel, Graveside ____; Cypress View Mortuary.

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

Lot 1959 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund (1987) E6418 Preneed

Additional spaces and care fund ....

Opening/Closing & Setup .... PNT

Burial Container ....

Handling Fees ....

Flower vases - Marker setting fee ....

Recording and filing fee ....

Sales taxes ....

Total Due ....

Paid receipt number ____

Balance due ____

Called by Bud King

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.

Jeanne L Lee

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6502 ✓

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

PRENEED TRUST WITHDRAWAL

E6502

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT		SEX	DATE OF BIRTH	DATE OF DEATH
Lily Han Hom	Aka Lin Han Hom	Female	June 21, 1922	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
San Diego	San Diego	Jeanne L. Law - Sister 534 Flower Street, Apt. "E" Chula Vista, CA. 92010

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. 92113		COUNTY: San 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 6 1987 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 3/6/87 (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: 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.

Preneed
Trust deposit
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 Elmo + Georgia Paynter

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 118 Grave 849 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $320.00	640.00
Burial Container 2 @ $100	200.00
Handling Fees 2 @ $145	290.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ $35	70.00
Sales taxes 2 @ $6.00	12.00
Total Due	$1212.00
Paid receipt number 34263 ✓	220.00
Balance due	992.00

03-04-87

(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

Georgia M. Paynter
Signature
5210 Reynolds St
Address
San Diego Ca 92114
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6503

Acct. # _____

PY-593 (REV. 8-86)

3-6-87 23 @ $42 = 966.00
1 @ 26.00 } 992.00

03-18-87	34328 ✓	992 00 42 00 950 00
04-10-87	34418 ✓	42 00 908 00
05-07-87	34552	42 00 866 00
06-08-87	34671	42 00 824 00
7-9-87	34802	42 00 782 00
7-30-87	34866	42 00 740 00
8-18-87	34946	42 00 698 00
9-10-87	35018	42 00 656
10-15-87	35164	42 614 00
11-10-87	35272	42 00 572 00
12-1-87		42.00 530.00

№ 34328

OFFICIAL RECEIPT

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

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

Date: 83-18, 19 87

From: Georgia Poynter Address: 5210 Reynolds St SD Ca 92114

Dollars ($ 43.00)

In Act Payment of Preneed Trust Deposit

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6503

BALANCE DUE $950.00

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

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	43.00
Sales Tax	60101 78390	
TOTAL PAID	$	43.00

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above: 10th ▶ $ 42.00

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

$ 43.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PENNELL TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			5th								

Amount due when paid on, or before, due date above: 6th $ 42.00

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

43.51
+1.42
10/24/84

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] [illegible]

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 42.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PREPAID TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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: 6th ▶ $ 42.00

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 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] [illegible]

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th $ 42.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PREFERRED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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. Deb ▶ $ 42.00

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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6503 PENNED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 42.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRINTED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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: 6th ▶ $ 42.00

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-6503 PENNED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th $ 42.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6303 PENNED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: 10th ▶ $ 42.00

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

d 4156

42.00

3/29/87

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-6503 PRENKED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 ▶ $ 42.00

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

2/18/88 George - Ck # 4134 $

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. [illegible] PREPAID TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. 10th ▶ $ 42.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRINTED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 $ 42.00

Amount due if paid more than 10 days after due date above: 1st $ 1.00

$

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-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 ▶ $ 42.00

Amount due if paid more than 10 days after due date above: 11-19 ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th $ 42.00

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

Ck 4037 1.00
$42.00

$ ____

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-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 ▶ $ 42.00

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

42.00 ck

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Bring one coupon with each remittance. **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRENKED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 $ 42.00

Amount due if paid more than 10 days after due date above. 11th $ 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-6503 PREPAID TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 42.00

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

#42.00
ck#3862

$ _____

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-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 — $ 42.00

Amount due if paid more than 10 days after due date above: 11 1st — $ 1.00

OK # 3845

$

Amount Received $ 42.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. 10th $ 42.00

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

ck # 3823
42.00

$ _____

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-6503 PRENEED TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 $ 42.00

Amount due if paid more than 10 days after due date above. 11/9/89 $ 1.00

$ 43.00

Amount Received $ 42.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34263

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

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

Date: 03-04, 19 87

From: Georgia Poynter Address: 5210 Reynolds St. Sd. 92114

Two hundred twenty and no/100 Dollars ($ 220.00)

In Part Payment of Pre-need Trust Deposit

Lot 118 Grave 8 + 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6503

BALANCE DUE $993.00

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

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID ON THIS SPACE.

CITY AUDITOR

MAR 12 1987

008420

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	220	00
Sales Tax	60101 78390		
TOTAL PAID	$	220	00

AC-212 (Rev. 11-86)

№ 34418

OFFICIAL RECEIPT

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

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

Date: 04-10, 1989

From: Georgia M. Poynter Address: 5210 Reynolds St Shela 92114

Forty Two and no/100 Dollars ($ 42.00)

In Art Payment of Preneed Trust Deposit

Lot 118 Grave 8 + 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6563

BALANCE DUE $ 908.00

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	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34552

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

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

Date: 05-07, 19 87

From: Georgia M. Poynter Address: 5210 Reynolds St SD Ca 92114

Forty two and no/100 Dollars ($ 42.00)

In Part Payment of Pre-need Trust Deposit

Lot 118 Grave 8 + 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6503

BALANCE DUE $866.00

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

AC-212 (Rev 11-86)

№ 34671

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
26[illegible]3151

Date: 6/8, 1987

From: [illegible] Address: 5210 [illegible] Trust
[illegible] Dollars ($ 42.00)

In _____ Payment of [illegible] #4 [illegible] Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 824.00

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

3845

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	42	—
Sales Tax	60101 78390		
TOTAL PAID	$	42	—

AC-212 (Rev. 11-86)

№ 34802

OFFICIAL RECEIPT

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

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

Date: 7-9, 1987

From: Emo Poynter Address: 5210 Reynolds St. S.D. 92114

Forty-Two Dollars ($ 42.00)

In _____ Payment of Coupon #5, Pre-need Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 782.00

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

AC-212 (Rev. 11-86) 3662

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	42 —
Sales Tax	60101 78390	
TOTAL PAID	$	42 —

№ 34866

OFFICIAL RECEIPT

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

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

Date: 7-30, 1987

From: Leonia Poynter Address 5210 Reynold St. SD 92114

Forty-two Dollars ($ 42.00)

In _____ Payment of Coupon #6 Pre-need Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE $740.00

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

3879

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Dad

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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

№ 34946

OFFICIAL RECEIPT

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

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

Date: 6-18, 1987

From: Georgia Paynter Address: 5210 Reynolds, SD 92114

Forty-Two Dollars ($ 42.00)

In _____ Payment of Coupon 7 Credit Lot Sale

Perpetual Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 696.00

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

3613

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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35018

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

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

Date: 9-10, 1987

From: Sharia Poynter Address: 5210 Reynolds St 92114

Forty-two Dollars ($ 42.00)

In Payment of Coupon 8, Prepaid Trust

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE $656.00

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

4010

AC-212 (Rev. 11-86)

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

ISSUED BY Landy Wood

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	42	—
Sales Tax	60101 78390		
TOTAL PAID	$	42	—

OFFICIAL RECEIPT

№ 35164

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

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

Date: 10-15, 1987

From: [illegible] Address: 5210 [illegible] St, SD 92114

[illegible] Dollars ($ 42.00)

In _____ Payment of Preneed Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 614.00

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

4037

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

№ 35272

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

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

Date: 11-10 1987

From: Sedina Pryter Address: 5210 Reynolds
Forty - two Dollars ($ 42.00)

In _____ Payment of Coupon # 10 Prepaid Trust

Lot 116 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 572.00

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

4059

AC-212 (Rev. 11-86)

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	80101 78380		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

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

No 35447

Date: 12-28 , 1987

From: Georgia M. Saunter Address: 5210 Reynolds St. S.D. 92114

Forty Two Dollars & 00/100 Dollars ($ 42.00)

In Full Payment of Revised Trust Coupon #12

Lot 118 Grave 8-9 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 488.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 4095

AC-212 (Rev. 10-87)

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

CITY AUDITOR

DEC 28 1987

ISSUED BY Nora Black

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35564

Date: 1-13, 1988

From: [illegible] Address: 5210 [illegible] S.D. 92114

[illegible] 42/100 Dollars ($ 42.00)

In _____ Payment of [illegible] #13 [illegible]

Lot 118 Grave 8 & 9 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 446.00

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

4108

AC-212 (Rev. 10-87)

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

AUDITOR

JAN 22 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

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

No. 35741

Date: 2 18, 19 88

From: Georgia M. Poynter Address: 5210 Lupulo St SD

Forty-two 00/100 Dollars ($ 42.00)

In Payment of Campus #14 Pre-need Trust

Lot 116 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 404.00

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

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

CITY AUDITOR
FEB 23 1988

ISSUED BY Sandra Davis

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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

AC-212 (Rev. 10-87)

434

OFFICIAL RECEIPT

№ 35937

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

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

Date: 3-28, 1988

From: Georgia M. Poynter Address: 5210 Reynolds St, SD

Forty-two Dollars ($ 42.00)

In _____ Payment of Coupon # 15 Preneed Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 362.00

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

4156

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

№ 35342

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

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

Date: 12-1, 1987

From: Georgia Paynter Address: 5210 Reynolds St SD

Forty-two Dollars ($ 42.00)

In _____ Payment of Caujon 11 Preneed Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 530.00

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

4047

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	42 —
Sales Tax	60101 78390	
TOTAL PAID	$	42 —

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 36114

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

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

Date: 5-9, 1988

From: [illegible] Address: 5210 [illegible]

[illegible] - two no/100 Dollars ($ 42.00)

In _____ Payment of Coupon 16 Pre-need Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 320.00

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

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

CITY AUDITOR

MAY 11 1988

ISSUED BY [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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	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

№ 36270

Date: 6-7, 1988

From: [illegible] Poynter Address: 5210 Reynolds St 3D

Forty-Two no/100 Dollars ($ 42.00)

In _____ Payment of Coupon 17 Pre-need Trust

Lot 116 Grave 2&9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 276.00

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

4226

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

CITY AUDITOR
JUN 13 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	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

№ 36370

Date: 7-6, 1988

From: Georgia & Elmo Poynter Address: 5210 Reynolds St.

forty-two no/100 Dollars ($ 42.00)

In Payment of Coupon 18 Prepaid Trust

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 236.00

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

4249

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUL 11 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	42 00
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

OFFICIAL RECEIPT

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

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

№ 36449

Date: 7-25, 19 88

From: Leavina Pointer Address: 5210 Reynolds St, SD

Forty-two 00/100 Dollars ($ 42.00)

In Payment of Coupon 19 Preneed Trust

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 194.00

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

4269

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUL 29 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	83033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

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

№ 36585

Date: 8-25, 19 88

From: [illegible] Pointer Address: 5210 Reynolds Street, SD

Forty - two 10/100 Dollars ($ 42.00)

In Payment of Coupon 20 Preneed Trust

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 152.00

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

430/

AC-212 (Rev. 10-87)

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

CITY AUDITOR
SEP 6 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

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

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

No. 36704

Date: 9-21, 19 88

From: Gemma Pagnotti Address: 5210 Reynolds St SD

Forty & 50 Cents/100 Dollars ($ 42.00)

In Payment of Carpen 21 Pre-need Trust

Lot 118 Grave 8 & 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6503

BALANCE DUE 110.00

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

4321

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 29 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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

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

№ 36867

Date: 10-24, 1988

From: Georgia Paynter Address: 5210 Reynolds, San Diego, CA

Forty-two Dollars ($ 42.00)

In _____ Payment of Coupon 22, Preneed Trust

Lot 118 Grave 8 & 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 68.00

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

4351

AC-212 (Rev. 10-87)

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

CITY AUDITOR
OCT 31 1988

ISSUED BY Lindea 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	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

NAME POYNTER, ELMO & GEORGIA ACCT. NO. E-6503

ADDRESS 5210 Reynolds Street, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Mar 4	87	2 Opening/Closing, 2 Bell Liners, 2 Recording	1212 00		682 00	530 00
DE[illegible]	87	COUPON #12, CK #4095			42 00	488 00
JAN 13	88	Coupon #13, CK # 4108			42 00	446 00
2-8	88	Coupon #14, Receipt # 35741			42 00	404 00
3-28	88	Coupon # 15, Receipt 35937			42 00	362 00
5-9	88	Coupon 16 Receipt 36114			42 00	320 00
6-7	88	Coupon 17, Receipt 36270			42 00	278 00
7-6	88	Coupon 18 Receipt 36370			42 00	236 00
7-25	88	Coupon 19 Receipt 36444			42 00	194 00
8-25	88	Coupon 20, Receipt 36585			42 00	152 00
9-21	88	Coupon 21, Receipt 36704			42 00	110 00
10-24	88	Coupon 22, Receipt 36867			42 00	68 00
11-18	88	Coupon 23, Receipt 36982			42 00	26 00
11-29	88	Coupon 24, Receipt 37004			26 00	00

OFFICIAL RECEIPT

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

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

№ 36982

Date: 11-17, 1988

From: Denise Paynter Address: 5210 Reynolds St.
Cnty - 6000 rs/100 — Dollars ($ 42.00)

In _____ Payment of Carpen 23 Preneed Trust

Lot 118 Grave 829 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6503

BALANCE DUE 26.00

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

4369

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	
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	42.00
Sales Tax	80101 78390	
TOTAL PAID	$	42.00

CITY AUDITOR
NOV 25 1988

OFFICIAL RECEIPT

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

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

№ 37004

Date: 11-29, 1988

From: Georgia Poynter Address: 5210 Reynold Street, SD

Dollars ($ 26.00)

In _____ Payment of Oregon 24 final payment of pre-need trust

Lot 112 Grave 879 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 26503

BALANCE DUE Paid in full

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

43077

AC-212 (Rev. 10-87)

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

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	83033 9022	26.00
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

CITY AUDITOR
DEC 02 1988

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6503 · FENNER TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th ▶ $ 42.00

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

...mittance COUPON 24

...MAIL ENTIRE BOOK

ACCOUNT No. E-6503 PRINHEAD TRUST

Elmo & Georgia Poynter
5210 Reynolds St.
San Diego, CA 92114

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 8th $ 26.00

Amount due if paid more than 10 days after due date above 21 $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check [✓] if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ollie V. Osborne

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri - 2 P.M. - 3/6

Church, Chapel, Graveside Church - LDS ; 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 21 Grave 4 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund ...for Ollie	595 00
Additional spaces and care fund ...Res. Sp. 5 - 60 Dep. -	
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 34264	1305 50
Balance due	—

PAID
MAR 4 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

x Joann Osborne
Signature
3978 Ocean View
Address
264 7931
State Zip Code
CA
Telephone

Work Order # E 6504

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

OFFICIAL RECEIPT

№ 34264

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

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

Date: 3/4/87, 19

From: Joann Osborne Address 3928-Ocean View-SD/

One thousand three hundred five and 50/00 Dollars ($ 1305.50)

In full Payment of Interment fees for Ollie Osborne-dec

Lot 21 Grave 4 Row Section 2 Division Block 12

Invoice No. 0

Acct. No 0

W.O. E-6504

BALANCE DUE 0

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

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

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

ISSUED BY Joyce Watts

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	3	00
Pre-Need Trust	63033 9022	1	
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1305	50

E6504

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLLIE VERNON OSBORNE	Male	Jan. 17, 1915	Found Mar. 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
San Diego	San Diego	Joann Osborne - Wife 3978 Oceanview Blvd. 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 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 4 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/6/87 (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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 3/4/87

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

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 21 Grave 5 Row 2 Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need - Res for 60 Days -	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees ..... Not Paid.	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00 2
Paid receipt number 34266	595.00
Balance due	0

PAID
MAR 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.

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

_____
Signature of recorded holder of deed

x Joann Osborne
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6505

Acct. # _____

PY-593 (REV. 8-85)

#11387

№ 34266

OFFICIAL RECEIPT

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

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

Date: 3/4/87, 19

From: Joann Osborne Address: 3978 Ocean View

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

In full Payment of One-need grave for herself — next to ollie —

Lot 21 Grave -5- Row 2 Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6505

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) CRH 445

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

ISSUED BY [signature]

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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

MT. HOPE CEMETERY

INTERMENT ORDER

Notify Susan Starwalt 222-2316 When Completed

City of San Diego

Date 03-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane D. Dale &

in a _____ Vault/Liner Funeral, date, time Fri 3/13 AM

Church, Chapel, Graveside Upon delivery Fauch-Mur Mortuary.

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

Lot 346 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	
Total Due	140 00
Paid receipt number 34286	140 00
Balance due	-0-

PAID
MAR 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mortuary

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

Fauch-Murdock Home
Signature
1420 Warford
Address
Perry, Iowa 50220
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 6506

Acct. # _____

PY-593 (REV. 8-85)

Will send check w/ remains

E6506

FOUCH-MURDOCK FUNERAL HOME

1420 Warford
PERRY, IOWA 50220

515-465-2974

Jerry Fouch
Stephen Murdock

March 6, 1987

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

RE: Jane Greene Gale

Enclosed is our check for $140 to cover your charges for the receiving of the ashes of Jane Greene Gale and the burial at Mt Hope Cemetery.

The ashes will be shipped directly to you from Dunn's Funeral Home and Crematory in Des Moines, Iowa.

Should there be any other information you require, please contact us.

Jerry Fouch
mb

Fouch-Murdock Funeral Home

mb

E6506

№ 34286

OFFICIAL RECEIPT

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

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

Date: 03-10, 19 7

From: Touch-Murdock Funeral Home Address: 1420 Warfield Ferry, Sn 50220

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

In full Payment of Jane G. Sale Service

Lot 346 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E6506

BALANCE DUE 0

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

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

ISSUED BY B. Jang

CREDIT 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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

VITAL RECORDS SECTION — IOWA STATE DEPARTMENT OF HEALTH

BURIAL — TRANSIT PERMIT

E6506

Full Name of Deceased: Jane Greene Gale

Place of Death: Perry (Town or City) Dallas (County) Iowa (State)

Date of Death: March 5, 1987 Color: White Sex: Female Age: 88

Cause of Death: noncommunicable

Method of Disposal: Cremation (Burial, Cremation, Transportation, etc.) Dunn's Crematory (Cemetery or Crematory)

Town: Des Moines County: Polk State: Iowa

A Certificate of death having been filed as required by laws of this state, permission is hereby given to Funeral Director:

Fouch-Murdock Funeral Home (Name) 1420 Warford Address Perry, Iowa 50220

to dispose of body of said deceased as above stated.

Signature: Carmen D. Lehman (Registrar)

Date: March 6, 1987 Address: Adel (City or Town and County) Dallas

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was: Cremated (Whether Cremated, Buried, Etc.) on: March 7, 1987, in: Dunn's Crematory (Cemetery or Crematory)

Located at: Des Moines, Iowa Signature: [signature] (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the sexton (or by the Funeral Director where there is no sexton) and returned to the registrar within 10 days.

Form V. S. No. 9

SHD-009-3/79

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Property Transfer to:

Date 03-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Richard 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 98 Grave 3 Row _____ Section 2 Division/~~Block~~ 7

PAID
MAR 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 Property transfer	35 00
Sales taxes	
Total Due	35 00
Paid receipt number 34273	35 00
Balance due	-0-

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

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

_____
Signature of recorded holder of deed

Leroy R. Atkins
Signature
P.O. Box 2062
Address
Red. Ca 92024
State Zip Code
753-6753
Telephone

Work Order # E 6507

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

#11391

MOUNT HOPE CEMETERY E 6507

12-20 1976

The undersigned hereby requests and authorizes the interment of the remains of Ernie D. Ponce in Lot 98 Gr 3 Row _____ Sec. 2 Division 7 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Patrick Ernest Ponce — 255 Lawday St. Ramona, Calif.

Signature of relative or legal representative

Father

Address & relationship to deceased or authority to sign authorization

Janie E Ponce
Witness

Ernestine A. Esquer
Witness

E6507

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Leroy Richard Atkins
PO Box 2062
Leucadia, CA 92024

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

no transfer of money
Signature of Declarant or Agent Determining Tax — Firm Name

Ezekiel Ernest Ponce
(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do____ hereby remise, release and forever quitclaim to Leroy Richard Atkins

the following described real property in the City of San Diego
County of San Diego, State of California:

Lot 98 Graves number 3, Section 2, Division 7; at Mount Hope Cemetery

Assessor's parcel No. Grave site

Executed on February 8, 19 87, at Ramona, CA 92065
(City and State)

Ernest E. Ponce

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On this 8th day of February in the year 1986 before me, the undersigned, a Notary Public in and for said State, personally appeared
Ezekiel Ernest Ponce

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Helen Johnson
Notary Public in and for said State.

OFFICIAL SEAL
HELEN JOHNSON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires July 8, 1988

(This area for official notarial seal)

MAIL TAX STATEMENTS TO Leroy Richard Atkins (NAME) PO Box 2062 (ADDRESS) Leucadia, CA 92024 (ZIP)

WOLCOTTS FORM 790, Rev. 8-84
QUITCLAIM DEED (price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

© 1984 WOLCOTTS, INC.

E6507

Recorded 1-12-73

MOUNT HOPE CEMETERY
R. W. Dehne Cem. Mgr.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name ERNEST PONCE
Street Address 12005 Rockcrest Road
City & State Lakeside , Calif. 92040

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIX $_____ I. R. STAMPS IN THIS SPACE

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,

MARIA A. PONCE

hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to

EZEKIEL ERNEST PONCE

the following described real property in the CITY OF SAN DIEGO county of SAN DIEGO state of California:

LOT 98 GRAVES number, 3, ~~4~~ and ~~5~~, Section 2
Division 7; at MOUNT HOPE CEMETERY.

Lot 98, Grave 5, Sect 2 Divn 7
transferred to Ethelee Boyce 3/27/86
WOE-5814
Lot 98 Grave 4 Section 2 sold to
Alfreda Elaine McMath. 5/14/86

Dated JANUARY 10, 1973

Maria A. Ponce
MARIA A. PONCE

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } SS.
On JANUARY 10, 1973 before me, the undersigned, a Notary Public in and for said State, personally appeared MARIA A. PONCE

_____, 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 Ernestine A. Esquer

Name (Typed or Printed)
If executed by a Corporation the Corporation Form of Acknowledgment must be used.

OFFICIAL SEAL
ERNESTINE A. ESQUER
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Mar. 10, 1974

(This area for official notarial seal)

Title Order No._____ Escrow or Loan No._____

TI

QUITCLAIM DEED

TI

Title Insurance
and
Trust Company

COMPLETE STATEWIDE TITLE SERVICE
WITH ONE LOCAL CALL

QUITCLAIM DEED

TI

Title Insurance
and
Trust Company

COMPLETE STATEWIDE TITLE SERVICE
WITH ONE LOCAL CALL

TI

OFFICIAL RECEIPT

№ 34273

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

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

Date: 03-06, 1987

From: Leroy Richard Atkins Address: PO Box 2062 Tucadia CA 92020

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of property transfer from Ernest Ponce

Lot 98 Grave 3 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E-6507

BALANCE DUE 0

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

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

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

Cremains arrived 7/6/87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-06-87

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

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs. 9/3

Church, Chapel, Graveside Upon delivery Cedar 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 _____ . whenever

Lot 2332 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund C-6142 (1968)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Ash Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 34979	242.40
Balance due	0

See letter

PAID
SEP 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. Called by

— no longer there

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

_____
Signature of recorded holder of deed

Signature: Bob Friesen
Address: Cedar Lawn Cem.
State: PO Box 14008
Zip Code: Fremont, Ca 94539
Telephone: (415) 656-5565

Invoice # _____

Acct. # _____

Work Order # E 6508

PY-593 (REV. 8-85)

Mr. Bartell

E6508

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONATH EDRIE MAYFIELD	Female	7-10-1905	3-4-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Union City	Alameda	William Irven Mayfield III - Son 32629 Endeavour Way Union City, Ca. 94587

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LIMA FAMILY CEDAR LAWN MORTUARY 48800 Warm Springs Blvd. Fremont, Ca. 94539	F - 1262

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 Cedar Lawn Memorial Park 48800 Warm Springs Blvd. Fremont, Ca.	DATE CREMATED 3-10-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ R Hawes
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 03-10-87
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] DEPUTY
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/3/87 (ENTER DATE) 2332-10	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 ALAMEDA COUNTY HEALTH DEPT. 480 - 4th. St. Oakland, Ca. 94607		

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

№ 34979

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

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

Date: 7-3-, 19 87

From: Marvin Leurle Address: 21202 Warm Place [illegible]

two hundred forty-two 40 Dollars ($ 242.40)

In _____ Payment of Interment expenses for Donald Mayfield - does not include [illegible]

Lot 2332 Grave _____ Row _____ Section _____ Division Block 105

Invoice No. _____

Acct. No. _____

W.O. E-6508

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 Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/87

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

in a Top Seal Concrete Vault (Vault/Liner) Funeral, date, time 10Am/3/10/Tues

Church, Chapel, Graveside Chapel + G.S. ; 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 ____ .

Lot 42 Grave 4 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Purchased - D-15.17	—
Additional spaces and care fund ..... One Sp 5	—
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee ... MAR 11 1987	—
Recording and filing fee ..... MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.	35 00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 34298	710.50
Balance due	0

PAID

Will Pay after Service

I hereby certify I am the Wife + 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.

Ella Jane Walters
Signature

Address

State Zip Code

Telephone

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

Signature of recorded holder of deed

07/22

Work Order # E 6509

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

№ E6509 34298

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: Elladene Walters Address: Spring Valley

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment Fee for Roger Walters, Dec

Lot 42 Grave 4 Row — Section 17 Division 7 Block

Invoice No —

Acct. No —

W.O. E6509

BALANCE DUE Ø

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

1834

AC-212 (Rev. 11-86)

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

ISSUED BY Roger Walters

CREDIT	67007		
20% Sales Care	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	30	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

E6509

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROGER THOMAS WALTERS	Male	June 3, 1915	Mar. 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
La Mesa	San Diego	Gene Walters, wife 8819 Lance Ave. Spring Valley, Ca. 92077

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, 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 9 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cameron, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/16 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Walters	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

Invault 2 Boxes

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-09-87

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

in a Ash Vault (Vault/Liner) Funeral, date, time 3/20/87 - Fri AM

Church, Chapel, Graveside Upon Delivery 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 _____ .

Vault - 2

Lot 4833 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Thread
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Mar[illegible]	
Recording and f[illegible]	35.00
Sales taxes	2.40
Total Due	242.40

PAID
MAR 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Paid receipt number 34313 242.40

Balance due 0

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

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

Richard H. Hosaka
Signature of recorded holder of deed

Richard H. Hosaka
Signature

836 CEDARBEND WAY
Address

CHULA VISTA, Ca 92010
State Zip Code

421-3755
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6510

PY-693 (REV. 8-85)

OFFICIAL RECEIPT ⊗

№ 34313

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

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

Date: 3/16/87, 19

From: Richard Hosaka Address: 836 Cedarhead Way - C.V. - 92010

Fourhundred forty two and 40/100 Dollars ($ 242.40)

In full Payment of Inurnment of Grace Hosaka - due ⊗

Lot 4833 Grave — Row 2 Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6510

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	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

E6510

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#55341

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES Lewis Col/Benbo

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Grace Yaeno Hosaka	Female	March 29, 1915	March 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
Chula Vista	San Diego	Richard Hosaka-Son 836 Cedarbend Way Chula Vista, Ca. 92010

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	F-480

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt Hope Cemetery 3751 Market St, S.D. Ca,		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Cypress View 40th & Imperial Ave	DATE CREMATED: 3/16/87	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 (2) Ropers of Cremains		
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 10 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 3/20/87 (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: 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

County Case # 105953

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-09-87

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

in a _____ Vault/Liner Funeral, date, time 3/12

Church, Chapel, Graveside Duffy ; 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 105 Grave 2 Row _____ Section 100F Division/Block 43

Grave space & Care Fund	280.00
Additional spaces and care fund	
Opening/Closing & Setup	450.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	730.00
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 # 054810

Work Order # E 6511

Acct. # 00952

PY-593 (REV. 8-85)

Called by Pat Williams

E 6511

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Baby Boy Valdez	Male	Feb. 23, 1987	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
Chula Vista	San Diego	San Diego Co. Public Administrator 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Hubbard Mort.,321 "E" St.,Chula Vista, CA	474

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 11 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rumsey, M.D. Co.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 03-12-87 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/87

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

in a Liner (Vault/Liner) Funeral, date, time 3/11/87 - 2 P.M. - Wed

Church, Chapel, Graveside Chapel + GS ; Rogsdale Mortuary.

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

Lot 367 Grave – Row ~ Section 2 Division/~~Block~~ 9

Grave space & Care Fund Single –	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container Liner - for 4-6 Casket	75.00
Handling Fees	25.00
Flower vases - Marker setting fee "1 gal Vase" No Chg.	
Recording and filing fee	35.00
Sales taxes	4.50
30 day note 48+6 Total Due	529.50
Paid receipt number	
Balance due	

Paid 4/15/88

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

Ella Voblasse
Signature

5872 Superior #B
Address

San Diego CA 92113
State Zip Code

263-3238
Telephone

Invoice # 053957

Acct. # 021165

Work Order # E 6512

PY-593 (REV. 8-85)

W.O. NO. E6512

NOTE—STRAIGHT

$ 529.50 San Diego, California, March 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 Five Hundred Twenty-nine and 50/100 DOLLARS

with interest from April 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 Ellen Volkart

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6512

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TERRY LEEBARKSDALE	Male	June 29, 1980	Mar. 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	Ella D. Voldase - Mother 4450 Delta Street San Diego, California 92113

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 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 9 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Camras, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 11 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

E-6512

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/21/88

DATE: 04/21/88
TIME: 213834
PAGE: 3

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
053957	03/11/87	021165	ELLA VOHASE		F13605			04/15/88	CK	226586094	89.00	529.50	0.50
			100	072		77181	000072				32.78		PARTIAL PAYMENT
			100	072		77182	000072				12.61		
			100	072		77183	000072				10.08		
			100	072		77184	000072				26.22		
			60101			78390					0.76		
			67007			77184					6.55		

County P.A.
#1026313

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Starling Lindsey - age 1 wk.

in a NONE Vault/Liner Funeral, date, time 3/10 - 9AM

Church, Chapel, Graveside Drop off ; Mayer Mortuary.

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

Lot 105 Grave 1 Row ____ Section IOOF ~~Division~~/Block 43

Grave space & Care Fund	28.00
Additional spaces and care fund	
Opening/Closing & Setup	45.00
Burial Container Styrofoam Casket - 14x26	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
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.

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 # 053954

Work Order # E 6513

Acct. # 000952

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6513

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Starling Paul Lindsey	Male	Feb.24,1987	March 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	John S. Lindsey - Father 1400 Imperial Ave. #81 El Centro, CA. 92243

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 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: 3.000 — DATE PERMIT ISSUED: MAR 9 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Carnal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 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.

04/23/87

№ 34467

OFFICIAL RECEIPT

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

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

Date: 04-23, 19 87

From: County of [illegible] Address: 5201-A [illegible] 92[illegible]

Seventy three and no/100 Dollars ($ 73)

In full Payment of Starling [illegible] Service

Case # 1026313 ()

Lot 105 Grave 1 Row Section 100F Division Block 43

Invoice No. 053954

Acct. No. 100952

W.O. E 6513

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	$	73 00

AC-212 (Rev. 11-86)

E 6513

053954	03/11/87	000952	COUNTY OF SAN DIEGO				04/22/87	CK	04-810876	73.00	73.00	0.00
												PAID IN FULL
		E 6513	100	072	77181	000072				45.00		
			100	072	77184	000072				28.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2PM

Date 3/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Anderson Todd

in a Bell liner (Vault/Liner) Funeral, date, time Wed 2 P.M. 3/11

Church, Chapel, Graveside 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 No.

Lot 124 Grave 10 Row ~ Section 2 Division/Block 11

Grave space & Care Fund ..... Single	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 34295	856.00
Balance due	-0-

Comm Bell

PAID

MAR 11 1987

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ck from Mayer

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.

Robert A Todd
Signature

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

Signature of recorded holder of deed

0831 E Fairview
Address

San Gabriel Ca 9177[illegible]
State Zip Code

818 285-5150
Telephone

Work Order # E 6514

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

№ 34295

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

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

Date: 03-11, 1987

From: Mayer Mortuary Address: 2257 Adams Ave. SDCA 92116

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

In full Payment of Lola Anderson Todd Services

Lot 124 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6514

BALANCE DUE 4

CK #1473

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

11 MAR 18 1987

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50.00
80% Sales of Lots	100 77184	200.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	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

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6514

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lola Anderson Todd	Female	March 7,1926	Found March 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	Robert D. Todd – Son 8831 E. Fairview San Gabriel, CA. 91775

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

- ☒ Re 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 10 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 11 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 3/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly J. Simpson in a Bell (Vault/Liner) Funeral, date, time 2PM Church 3/10 Church, Chapel, Graveside Church & GS ; Rosedale Mortuary.

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

Lot 19 Grave 2 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.50
Sales taxes	37.50
Total Due	856.00
Paid receipt number 34292	856.00
Balance due	-0-

PAID
MAR 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called in by Rosedale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6515

Acct. # _____

PY-593 (REV. 8-85)

№ 34292

OFFICIAL RECEIPT

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

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

Date: 03-10, 19[illegible]

From: Anderson Ragsdale Address: [illegible]

Seventeen Hundred Twelve and no/100 Dollars ($ 1712.00)

In full Payment of Beverly Simpson and Lucy Mae Gilden's Invoice

Lot 19 + 66 Grave 2-11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6515 & E6516

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	100	00
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181	640	00
Burial Containers	100 77182	200	00
Handling Fee	100 77183	290	00
Recording & Misc. Fees	100 77183	70	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	12	00
TOTAL PAID	$	1712	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6516

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BEVERLY JEAN SIMPSON	Female	Jan. 14, 1960	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	Annie M. Jones - Grandmother 5258 Groveland Drive 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: MAR 9 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 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 3/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucy Mae Giddens

in a Liner Ball (Vault/Liner) Funeral, date, time 11 Am - Thurs - 3/12

Church, Chapel, Graveside Chapel & GS ; Rosedale Mortuary.

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

Lot 66 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 34292	856 00
Balance due	— 0 —

PAID
MAR 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will Bury 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

S/ JUEL MOORE
Signature
6821 Cibola Rd
Address
S.D.
State 286-8764 Zip Code
Telephone

Invoice # ____

Work Order # E 6516

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

63515

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUCY MAE GIDDENS	Female	Feb. 1, 1908	Mar. 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
El Cajon	San Diego	Mrs. Juel A. Moore - Daughter 6821 Cibola Road San Diego, California 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5950 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: MAR 11 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camros, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/12/87 (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

Neeb Pallbearer's

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-10-87

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

in a Bell Vault/Liner Funeral, date, time Tues, 7/17 2:00

Church, Chapel, Graveside ~~Delivery~~ ; 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 817 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund C-5680 (1968) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup Paid #2307

Burial Container Paid #212 E2632

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee 3500

Sales taxes ____

PAID
MAR 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Due 3500

Called by Keen

Paid receipt number 34319 3500

Balance due -0-

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6517

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34317

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

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

Date: 03-17, 19 87

From: Pinkham-Mitchell Address: 808 13th Imp Bch Ca 92032

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Orva L. Redmond Services

Lot 817 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6517

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.

008753

CITY AUDITOR

MAR 23 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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

90 6517

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORVA L. REDMOND	FEMALE	SEP 15, 1896	MAR 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
LYNWOOD	LOS ANGELES	EUGENE DAVIS, SON 12418 HOLMES ROAD KANSAS CITY, MO 64145

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

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

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 17 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 3/17/87 (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: 1700 PACIFIC HIGHWAY, ROOM 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

24th

Date 03-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zora Van Olst Shelby

in a Ash Vault (Vault/Liner) Funeral, date, time 3/24 Tues - 10 Am

Church, Chapel, (Graveside) ~~Upon delivery~~ Irwin Brown Mortuary.

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

Lot 522 Grave ____ Row ____ Section 10 Division/~~Block~~ 7

Grave space & Care Fund (10032) 1947	Renewal
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 50
Sales taxes	2 40
Total Due	242 40
Paid receipt number 34289	242 40
Balance due	-0-

PAID
MAR 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Phone Jack if 3/17 Not O.K.

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.

S/Jack VanOlst
Signature

Address

State 452-7862 Zip Code
Telephone

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

Signature of recorded holder of deed

Cremains in office Vault

Invoice # ____

Work Order # E 6518

Acct. # ____

PY-593 (REV. 8-85)

See attached

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

EVANS-BROWN SUN CITY MORTUARY
SUN CITY, CALIFORNIA 92381

DESCRIPTION OR INVOICE NO	SSN OR EIN NO 1099	CONTRACT NO	LOC NO	ACCT NO	DEBIT	CREDIT
EXPENSE DATE 3/31/1987						
Zora Shelby-DOD 3/5/87 cemetery charges		201397	4632	406-000	$242.40	

NOTE: Mt. View Cemetery-Crematory in San Bernardino will be mailing you the cremains of Zora Shelby within the next two weeks

E6518

6518

MEMO from

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

May 30, 1984

TO WHOM IT MAY CONCERN:

This is to verify that Mrs. Zora Shelby who was previously Zora VanOlst, own the following cemetery property.

Lot	Section	Division	Deceased Buried
522	10	7	OPEN
523	10	7	VanOlst, Egbert
524	10	7	Shelby, Gerald R.

used 3/24/87

Respectfully yours,

Barbara Lang

Barbara Lang
Administrative Aide

OFFICIAL RECEIPT

№ 34289

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

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

Date: 03-10, 1987

From: Ivan Brown Mort. Address: 27110 Amanda Rd Sun City, Ca. 92381

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

In full Payment of Yora Shelby Service

Lot 522 Grave _____ Row _____ Section 10 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E6518

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. Kang

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

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6518

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Zora E. Shelby	female	6/8/1908	3/5/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Loma Linda	San Bernardino	Jon C. Van Olst - son 11125 Flintkote Ave.,Suite J San Diego, CA 92121

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Evans Brown Mortuary,27010 Encanto Dr.,Sun City,CA	F 1225

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 Mt.View Cemetery,San Bernardino,CA	DATE CREMATED 03-11-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Louise Stewart
BURIAL AT SEA OR DISPOSITION OTHER 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 $2.40	DATE PERMIT ISSUED 3/9/87
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ E.J. Gallagher,M.D.,
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/24/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Louise Stewart	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 351 Mt. View Avenue, San Bernardino, CA 92415		

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 03-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Ali Ibn Rasheed

in a _____ Vault/Liner Funeral, date, time Wed 3/11 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

Lot A Grave 9 B Row _____ Section Mus Division/Block _____

Grave space & Care Fund	Pre need
Additional spaces and care fund	
Opening/Closing & Setup	250.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	$285.00
Paid receipt number	
Balance due	

I hereby certify I am the 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.

2278860

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

Marion Ali Rasheed
Signature of recorded holder of deed

Marion Ali Rasheed
Signature

4891 MANOIRNET
Address

SAN DIEGO CA
State Zip Code

262-5856
Telephone

Invoice # 053955

Acct. # 015935

Work Order # E 6519

PY-593 (REV. 6-85)

Bill Muslim Assn.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

25 6519

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARION ALI IBN RASHEED	Male	Jan. 24, 1962	Mar. 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	Marion Ali Rasheed - Father 489 Manomet 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 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: MAR 11 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Cannon, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 11 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

E-6579

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DFS2002 04:11:22 TERMINAL CONNECTED TO IMS/VS IMSPROD
 ACR07I                    INVOICE INQUIRY                                PG    2
 INVOICE: 053955                          INV TOTAL:                 285.00
     ACCOUNT: 015935          NAME: MUSLIM ORGANIZATION
                              INVOICE STATUS
                 DISPOSITION                    DATE                AMOUNT
      PAID                                    05/16/87                 285.00
                           COLLECTION ACTIONS
 LATE NOTICE - 1ST: 04/15/87     REFERRED TO - TREAS  COLLECTION: 05/06/87
             - 2ND: 05/01/87                 - CITY ATTORNEY     :
             - 3RD                           - COLLECTION AGENCY:
                           LATE CHGS BILLED
                     DATE        INVOICE                 AMOUNT
       LATE CHG-1:
               -2:
 DEPRESS PA1 KEY FOR NEXT SCREEN
```

E6519

Preneed lot and Preneed Trust Deposit:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-11-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Pearl Ross

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

Church, Chapel, Graveside Featherngill Mortuary.

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

Lot 159 Grave 12 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	$1001 00
Paid receipt number 34349	1001 00
Balance due	-0-

PAID
MAR 25 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. Called by

Don Bellings
Signature
Public Guardian
Address
5201-A Ruffin Rd
State Zip Code
San Diego, CA 92123

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

Signature of recorded holder of deed

Work Order # E 6520

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

#11390

legal descrip typed

OFFICIAL RECEIPT

№ 34349

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

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

Date: 03-25, 19 97

From: Public Admin County of S.D. Address: 5201-A [illegible]

One thousand one and no/100 Dollars ($ 1001.00)

In Full Payment of Preneed Lot and Preneed Trust Deposit for Emma Pearl Ross

Lot 159 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6520

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	79.00
80% Sales of Lots	100 77184	316.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	606.00
Sales Tax	60101 78390	
TOTAL PAID	$	1001.00

AC-212 (Rev. 11-86)

Cremains in office Vault

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-11-87

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

in a Ash Vault (Vault, Lawn) Funeral, date, time Wed. 3/25 AYP

Church, Chapel, Graveside No Lewis ; Cypress Mortuary.

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

Lot 221 Grave 2 Row ____ Section 4 Division/~~Block~~ 6

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

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.

Walter E Haase
Signature

Address

State Zip Code

Telephone

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

Signature of recorded holder of deed

Invoice # 053956

Work Order # E 6521

Acct. # 000419

PY-583 (REV. 8-85)

Bill Cypress View

FC531

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/03/87

DATE: 04/03/87
TIME: 211010
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
053956	03/11/87	000419	CYPRESS VIEW MORTUARY					03/30/87	CK	078810	242.40	242.40	0.00
			100	072		77181	000072				105.00		PAID IN FULL
			100	072		77182	000072				40.00		
			100	072		77183	000072				95.00		
			60101			78390					2.40		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 242.40

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#55344 E6524
Cypress View/Bonham Bros

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elsie M. Frank	Female	May 21, 1893	March 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	Maybelle Haase - Sister 3021 Dale Street San Diego, CA. 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON OTHER THAN AS KNOWN)	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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 Cypress View Crematory 3953 Imperial San Diego, CA.	DATE CREMATED 3/16/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 13 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 MAR 25 1987 (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.

OFFICIAL RECEIPT

№ 35865

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

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

Date: 3-11, 1988

From: Walter Horse Address:

Fifteen 90/100 Dollars ($ 15.90)

In _____ Payment of Elsie Frank - Flower Use

Lot 221 Grave 2 Row _____ Section 4 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-6521

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 16 1988

ISSUED BY [signature]

CREDIT	67007		
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	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-11-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William A. Church AM

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs. 3/12 ~~AM~~

Church, Chapel, Graveside upon 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 103 Grave 5 Row ____ Section 100F ~~Division~~/Block 43

Grave space & Care Fund B-8008 (1961) 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 34297 242 40

Balance due 0

PAID
MAR 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Pac. Bch Mort.

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6522

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34297

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

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

Date: 03-11, 19 87

From: Wentle A. Church Address: 1018 Opal St SD Ca 92109

two hundred forty two and 00/100 Dollars ($ 2 6 4 2)

In full Payment of William A. Church

Lot 103 Grave 5 Row Section 100F Division Block 43

Invoice No.

Acct. No.

W.O. E6522

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	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77183	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 40
TOTAL PAID	$	242 40

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#55328 86 6522

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES Pacific Beach

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM ALBERT CHURCH	MALE	OCT. 31, 1900	MARCH 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
LA JOLLA	SAN DIEGO	MYRTLE A. CHURCH-SISTER 1018 OPAL ST. SAN DIEGO, CA 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST SAN DIEGO, CA 92109	815

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED CYPRESS VIEW CREMATORY-SAN DIEGO, CA	DATE CREMATED 3/10/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ D. McCall
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 9 - 1987
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D.		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/87

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

in a TopSeal Concrete Vault (Vault/Liner) Funeral, date, time 3/14 - 10Am - Sat

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 123 Grave 6 Row 2 Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund Sp 5 - Rev for 30 days @ 20.00 Mo.	(495)
Opening/Closing & Setup	320.00
Burial Container Concrete Burial Tr. Vault	175.00
Handling Fees Vault 170 O.T. 380	550.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.00
Sales taxes	10.50
Total Due	1585.50
Paid receipt number	
Balance due	

30 day note

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

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

_____
Signature of recorded holder of deed

Karen Tucker
Signature
4930 Dassco Ct.
Address
San Diego, CA 92102
State Zip Code
265-7819
Telephone

Invoice # 054811

Work Order # E 6523

Acct. # 02142

PY-593 (REV. 6-85)

05/04/87 № 34493

OFFICIAL RECEIPT

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

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

Date: 04-29, 19 87

From: Karen Tucker Address: 4930 Dawson Ct SD Ca 92115

Fifteen hundred eighty five and 54/100 Dollars ($ 1585.50)

In full Payment of Mildred G. Tucker service

Lot 123 Grave 6 Row Section 2 Division Block 12

Invoice No. 054811

Acct. No. 021412

W.O. E 6523

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	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1585.50

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6523

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILDRED ELIZABETH TUCKER	Female	Jan. 31,1929	Mar. 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	Karen L. Tucker - Daughter 4930 Dassco Court 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 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 Wendy on 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 13 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/16/87 (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.

E-6523

E-6523

054811	04/03/87	021412	KAREN TUCKER			04/28/87	CK 106	1,585.50	1,585.50	0.00
			100	072	77181	000072		320.00		PAID IN FULL
			100	072	77182	000072		175.00		
			100	072	77183	000072		585.00		
			100	072	77184	000072		396.00		
			60101		78390			10.50		
			67007		77184			99.00		

Hindle Plot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Rt side
Head of grave

Date 03-12-87

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

in a Ash Vault (Vault/Liner) Funeral, date, time AYP 3/20/87

Church, Chapel, Graveside Via mail ; San Berdino Mortuary.

All Funeral cars must 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 1272 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund A-8935 (1955)	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 34305	242.40
Balance due	—

Please Call after Inurnment

PAID
MAR 13 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

Call

Ernie W Hindle
Signature

548 Toronto Dr.
Address

San Diego 92106
State Zip Code

223-6488
Telephone

Invoice # _____

Work Order # E 6524

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34305

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

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

Date: 3/13/87, 19

From: Eunice Hendle Address: San Diego

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

In full Payment of Interment or Inurnment of Cremains of Nancy Jordan - Doc

Lot 1272 Grave — Row — Section 1 Division Block 8

Invoice No. —

Acct. No. —

W.O. E-6524

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 1878

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

ISSUED BY George W. Stott

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

44 6524

USE BLACK INK. MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nancy H. Jordan	Female	Nov. 10, 1942	March 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 Bernardino	San Bernadino	Craig S. Jordan - husband 5572 Electric San Bernardino, CA 92407

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Bobbitt Memorial Chapel Inc.	1133

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 Mount Hope Cemetery 3751 Dr. Martin Luther King San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED 03-13-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Louise Stewart
BURIAL AT SEA OR DISPOSITION OTHER 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 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ G.R. Pettersen M.D. gm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/20/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 351 Mt View San Bernardino, Ca 92415		

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 3/12/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sidney Losinsky (LOSINSKY)

in a T.B. Vault (Vault/Liner) Funeral, date, time Mon - 10:30 - 3/16

Church, Chapel, Graveside Graveside ; Hemphill Mortuary.

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

Lot 12 Grave 9 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Senile	485.00
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
V.A - Reimbursement - VA - marker - Bronze 4/2/87 Total Due	1205.50
Flag - Paid receipt number 34383	1205.50
Balance due	-0-

30 day note

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.

Laura C Losinsky
Signature

3151 CROTON WAY #2
Address

SAN DIEGO CA 92110
State Zip Code

(619) 223-6316
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 6525

Acct. # _____

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

SP 6525

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SIDNEY LOSINSKY	Male	04-30-1930	Found 03-11-1987

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	Pacita C. Losinsky (Wife) 3151 Groton Way #2 San Diego, CA 92110

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: MAR 13 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 3/16/87 (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

№ 34383

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

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

Date: 04-02, 1987

From: Pacita C. Lasinsky Address: 3151 Groton Way #2 [illegible]

Twelve hundred five and 50/100 Dollars ($ 1205.50)

In full Payment of Sidney Lasinsky Services

Lot 12 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6525

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	396	00
Opening/ Closing	100 77181	220	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	$	1205	50

AC-212 (Rev. 11-86)

E6525

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
SIDNEY	——	LOSINSKY	FOUND March 11, 1987	1530

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	White/American	NO	April 30, 1930	56 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MD	Nathan Losinsky Russia	Anna Schwartz Russia

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY, GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 47 TO 19 74	213-26-1944	Married	Pacita Conte

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
PNC	27	U.S. Navy	Military

LOSINSKY
CC 87-497

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3151 Groton Way #2		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Pacita C. Losinsky (Wife) 3151 Groton Way #2 San Diego, CA 92110

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Apartment	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
3151 Groton Way, Apt. 2	San Diego

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) Shotgun 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
Suicide	Apartment	No	FOUND March 11, 1987	1530

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
3151 Groton Way, Apt. 2, San Diego	Self inflicted 12 gauge shotgun wound, head.

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: 3-12-87

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	03-16-1987	Mt. Hope Cemetery 3751 Market St. San Diego, CA	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Humphrey Chula Vista Mortuary	F-964		

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

VS-11 (1-35)

SF 2801
Re[illegible]d January 1983

Schedules A, B and C

1. Name (Last, first, middle)	2. Date of birth (Month, day, year)	3. Social Security Number
LOSINSKY, Sidney (n)	4/30/30	213-26-1944 6525

Schedule A – Military Service Information

If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-e below and attach a copy of your discharge certificate or other certificate of active military service *(if available)*.

See instructions for definitions of Armed Services and Uniformed services.

a. Branch or Service	b. Serial Number	c. Dates of Active Duty Fr. (Mo., dy., yr.)	c. Dates of Active Duty To (Mo., dy., yr.)	d. Last Grade or Rank	e. Organization at Discharge (Div., Co., etc.)
USN	213-26-1944	8 22 47 10 30 51	9 14 51 8 29 55	E-7	Personnel Office NAAS, Imperial Beach, CA
		8 30 55 7 20 61	7 19 61 6 28 65		
		6 29 65	6 28 74		

Schedule B – Military Retired Pay

1. If you are receiving or have applied for military retired pay, complete parts 1 a-e below.

a. Are you receiving or have you ever applied for military retired or retainer pay?
[X] Yes [ ] No

b. Have you waived all or part of your military retired or retainer pay in order to receive pension or compensation from the Veterans Administration?
[ ] Yes [X] No

c. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10?
[ ] Yes *(If available, attach a copy of notice of award)* [X] No

d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war?
[ ] Yes *(If available, attach a copy of notice of award)* [X] No

e. Are you waiving your military retired or retainer pay in order to receive credit for military service for Civil Service retirement benefits?
[ ] Yes *(If available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver)* [X] No

Schedule C – Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs *(OWCP)*, Department of Labor, because of a job-related illness or injury?
[ ] Yes *(Complete parts 1a-c below)*
[X] No *(Go to question 2)*

a. Compensation Claim Number	b. Benefit Received Fr. (Mo., dy., yr.)	b. Benefit Received To (Mo., dy., yr.)	c. Type of Benefit
			[ ] Scheduled award [ ] Total or partial disability compensation
			[ ] Scheduled award [ ] Total or partial disability compensation

2. *If you have applied for workers' compensation (Other than as listed in item 1a above) but are NOT receiving benefits,* check reason below and give the information requested.

[ ] a. Awaiting OWCP decision	[ ] b. Claim denied	
Compensation claim number	Compensation claim number	Date claim denied

3. Except for scheduled compensation awards, workers' compensation and Civil Service retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes? [ ] Yes [ ] No

b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs *(OWCP)* to collect any overpayment if we later find you are ineligible for both compensation and annuity payments covering the same period of time? [ ] Yes [ ] No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature *(Do not print)* Sidney Losinsky	Date 3/11/86

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: Honorable

DEPARTMENT: U.S. Navy 652

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. GRADE, RATE OR RANK AND DATE OF ENLISTMENT	4. COMPONENT AND BRANCH OR CLASS
LOBLINSKY Sidney (n)	990 62 54	SA 12-50	USN

5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION			7. TYPE OF SEPARATION
SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	DAY	MONTH	YEAR	
SN 0032-25	Deck Hand 9-48.10	14	Sept	51	Discharge

8. REASON AND AUTHORITY FOR SEPARATION: Art. C-10306 (2) BPM

9. PLACE OF SEPARATION: R/S SanDiego, California

10. DATE OF BIRTH			11. PLACE OF BIRTH (City and State)	12. DESCRIPTION					
DAY	MONTH	YEAR		SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
30	Apr.	30	Baltimore, Md.	Male	Cauc.	Brown	Brown	5'4"	156

SELECTIVE SERVICE DATA

13. REGISTERED			14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED		
YES	NO	SELECTIVE SERVICE NUMBER		DAY	MONTH	YEAR
	X					

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT			
YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: AS

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE				20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
DAY	MONTH	YEAR	PLACE (City and State)	
22	Aug	47	Baltimore, Md.	1531 N. Pulaski St, Baltimore, Md.

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (Naval) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	00	00	00
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	04	00	22
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	04	00	22

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY — MONTH — YEAR — AMOUNT —

26. FOREIGN AND/OR SEA SERVICE: YEARS 03 MONTHS 08 DAYS 24

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

China Service - Navy Occupation - Korean Service

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
U.S.S. STICKELL (DD-888)	—

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From—To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
—	—	—	—

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA LOANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (Amounts and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
N. S. L. I. —	U. S. G. L. I. —	—	—

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
227.41	184.08	W.M. MARTIN 5905

AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT.
DO, CINCLANTFLT, 25 July 1952 PAID LUMP SUM MOP this date $300.00 in accordance with act of 7/16/52 on PV#149 Ck #8,067

L. M. Bristow, Sym. 573680

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: E A Roesel

NAME, GRADE AND TITLE (Typed): E.A. ROESEL, LT, USN
Separation Officer

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Subsistence Due, Compensation, Pension, Insurance, Benefits, Etc.) — CLAIM NUMBER

PERSONAL DATA

41. DATES OF LAST CIVILIAN EMPLOYMENT		42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
FROM 10-46	TO 7-47	Route Aid	Western Union, Baltimore, Md.

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Leave unnecessary items blank)				
		GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	Single	8	1	—		

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City, and State): 2504 Cold Spring Land, Baltimore, Md.

48. SIGNATURE OF PERSON BEING SEPARATED: Sidney Loblinsky

DD FORM 214

INDIVIDUAL'S COPY
To Be Delivered To The Individual Being Separated

☆ G.P.O.: 1951-943948

1

OFFICIAL RECEIPT

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

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

№ 35681

Date: 2-8, 1988

From: [illegible] Address: 3151 [illegible] Dept 2 [illegible]

[illegible] Dollars ($ 135.00)

In _____ Payment of _____

Lot 12 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6525

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
FEB 10 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dena Laverne Barker

in a TS Vault (Vault/Liner) Funeral, date, time Wed 11 Am 3/18

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 ____ .

Lot 3619 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund (E 6527) Res. 3620 - 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	1305.50
Paid receipt number 34325	1305.50
Balance due	-0-

PAID
MAR 18 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

Lorene Dorgan
Signature

7248 Laddeck Ct
Address

San Diego 92114
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6526

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES 6526 33

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DENA LAVERNE BARKER	Female	Feb. 24, 1954	March 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
National City	San Diego	Thomas Barker - Father 214 Los Reyes Drive San Diego, California 92114

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: MAR 18 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 _____ (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.

Preneed lot:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-13-87

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

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 3620 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 34308V	25
Balance due	570.00 (over)

03-13-87

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

Lorene Dargan
Signature

7248 Laddeck Ct
Address

San Diego, Ca 92114
State Zip Code

_____
Telephone

11 @ $50
1 @ $20

Invoice # _____

Work Order # E 6527

Acct. # _____

PY-593 (REV. 8-85)

Payment book sent 3-16-87

		570 00
04-30-87	34505	50 00
		520 00
6/4/87	34651	50.00
		470.00
7/20/87	34833	50 00
		420.00
		50.00
8/10/87	34925	370.00
10-8-87	35140	50.00
		320.00
11-18-87	35311	50.00
		270.00

...d or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6527

Lorene Dargan
7248 Laddeck Ct.
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

Amount Received $ X50 00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6527

Lorene Dargan
7248 Laddeck Ct.
San Diego, CA 92114

Month and Day Due Indicated Below

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

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

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

$ 51.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34308

OFFICIAL RECEIPT

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

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

Date: 02-2, 19[illegible]

From: [illegible] Dargan Address: [illegible]

[illegible] Dollars ($ 25.00)

In Part Payment of Preneed Lot

Lot 3620 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6507

BALANCE DUE $570.00

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	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

6527

№ 34505

Date: 04-30, 19 87

From: Loren Dargan Address: 724 Laddick Ct. Sd Ca 92114

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Preneed Lot

Lot 3620 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6527

BALANCE DUE $520.00

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

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

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34651

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

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

Date: 6/4/87, 19__

From: Lorene Dargan Address: 7248 Laddeck -
Fifty and 00 Dollars ($ 50.00)

In Section 2 Payment of Credit Sale # 2

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 470.00

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

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

ISSUED BY [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 77183	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	50 00

AC-212 (Rev. 11-86) 4934

Logged

OFFICIAL RECEIPT

№ 34925

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

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

Date: 8-10, 1987

From: Lorene Durgan Address: 214 Los Reyes Dr. San Diego

Fifty Dollars Dollars ($ 50.00)

In LOT Payment of Credit Sale

E-6527

Lot 3620 Grave — Row — Section — Division Block 10

Invoice No. ~~3620~~

Acct. No.

W.O. E-6527

BALANCE DUE $ 370.00

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

AC-212 (Rev. 11-86) 5002

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

ISSUED BY JD

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

OFFICIAL RECEIPT

№ 35140

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

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

Date: 10-8, 1987

From: Lorene Dargan Address: 7248 Laddeck St

fifty dollars Dollars ($ 50.00)

In: Payment of Credit Lot Sale

Lot 3620 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6527

BALANCE DUE 320.00

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

5057

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	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	—

OFFICIAL RECEIPT

№ 34833

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

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

Date: 7-20, 1987

From: Lorene Dargon Address: 7248 Lobdeck Ct. SD.

Fifty dollars Dollars ($ 50.00)

In _____ Payment of Credit Lot Sales

Lot 3620 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 420.00

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

4983

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

ISSUED BY Andy Ward

CREDIT	67037		
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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	—

AC-212 (Rev. 11-86)

№ 35311

OFFICIAL RECEIPT

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

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

Date: 11-18, 1987

From: [illegible] Address: 7248 [illegible] Ct SD 92114

Fifty dollars 00/ Dollars ($ 50.00)

In _____ Payment of Credit Lot Sale

Lot 3620 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 270.00

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

5082

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	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

OFFICIAL RECEIPT

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

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

№ 35614

Date: 1-28, 1988

From: Lorene Dargen Address: 7248 Laddick Street, SD

Two hundred no/100 Dollars ($ 200.00)

In _____ Payment of Credit Lot

Lot 3620 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 70.00

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

121

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	49	00
80% Sales of Lots	100 77184	151	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	$	200	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

№ 36164

Date: 5-16, 1988

From: [illegible] Address: 7246 Landick St. SD
Twenty-five 00/100 Dollars ($ 25.00)

In _____ Payment of Preneed lot

Lot 3620 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 45.00

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

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

CITY AUDITOR

MAY 20 1988

ISSUED BY [illegible]

CREDIT	67007	
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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36709

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

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

Date: 9-21, 1988

From: Lorene Dargan Address: 7248 Lehdick Street SD 92114

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 3620 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6527

BALANCE DUE 35.00

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

5240

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 29 1988

ISSUED BY Lorena Ward

CREDIT	67007	10	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	$	10	00

OFFICIAL RECEIPT

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

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

№ 37267

Date: 1-27, 1989

From: Lorene Corgan Address: 7248 Landick Street SD

thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Final Payment of Credit Lot

Lot 3620 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-6527

BALANCE DUE _____

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

5305

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

CITY AUDITOR
FEB 06 1989

ISSUED BY Sandra Ward

CREDIT	67007	35	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	80101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev 10-87)

OFFICIAL RECEIPT

№ 34325

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: [illegible] Address: [illegible] 92114

[illegible] and 50/100 Dollars ($ 1365.50)

In full Payment of [illegible]

Lot 3619 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E6536

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	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	60101 78390	11	50
TOTAL PAID	$	1365	50

AC-212 (Rev. 11-86)

NAME DARGAN, LORENE ACCT. NO. E-6527

ADDRESS 7248 Laddick Street, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Mar 13	87	Lot 3620, division 10	595 00		325 00	270 00
JAN 28	88	Receipt #35614 Ct # 121			200 00	70 00
5-16	88	Receipt #36164			25 00	45 00
9-21	88	Receipt 36709			10 00	35 00
1-27	89	Receipt 37267			35 00	00

AIGNER FORM NO. 25-204 DARGAN, LORENE 3620 - 10 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-16-87

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

in a Bell (Vault/Liner) Funeral, date, time Tues 3/17 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 106 Grave 6 Row ____ Section 9 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 notice fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 34309	300 00
Balance due	556 00

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

03-16-87

34311 556

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.

L.D. Beavers
Signature of recorded holder of deed

L.D. Beavers
Signature
3236 K St.
Address
San Diego, Ca. 92102
State Zip Code
239-3108
Telephone

Work Order # E 6528

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34309

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

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

Date: 03-16, 19 17

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 300.00)

In [illegible] Payment of Donald Lim Ward Service

Lot 106 Grave 6 Row Section Division Block 17

Invoice No.

Acct. No.

W.O. E 6528

BALANCE DUE $556.00

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50.00
80% Sales of Lots	100 77184	200.00
Opening/ Closing	100 77181	50.00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77185	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	300.00

AC-212 (Rev. 11-86)

№ 34311

OFFICIAL RECEIPT

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

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

Date: 3/16/87, 19

From: L. D. Reaven Address: S. D. 92102

Five Hundred fifty Six and no/100 Dollars ($ 556.00)

In full Payment of Interment for Donal Sim Ward-due

Lot 106 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6528

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 Stott

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	270	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	$	556	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

148 6528

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONALD SIMS WARD	Male	Sept. 25, 1938	Mar.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	Laura D. Beqvers - Mother 3236 "K" 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 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 previsions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: MAR 17 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald D. Ramos, M.D. mdr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/17/87 (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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hale Ralph Pike

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed. 3/18 2:00

Church, 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 ____ .

Lot 17 Grave 3 Row ____ Section MAS Division/~~Block~~ M

Grave space & Care Fund	Prepaid
Additional spaces and care fund	____
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	____
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	710 50
Paid receipt number 34310	710 50
Balance due	-0-

PAID
MAR 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Jerry

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

Ann H. Tyre
Signature

13533 Calais Dr
Address

Del Mar, CA 92014
State Zip Code

755-7545
Telephone

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

Ann H. Tyre
Signature of recorded holder of deed

Will need help setting Casket

Work Order # E 6529

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

№ 34310

OFFICIAL RECEIPT

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

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

Date: 03-16, 19[illegible]

From: Ann A. Pike Address: 13533 Calais Dr. Del Mar, Ca 92[illegible]

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

In full Payment of Hale Ralph Pike services

Lot 17 Grave 3 Row Section MA Division Block M

Invoice No.

Acct. No.

W.O. E6527

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	3[illegible]	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	11	50
TOTAL PAID	$	710	50

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

38 6529

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HALE RALPH PIKE	MALE	Feb 13, 1949	March 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
Tamarac	Broward	Sandra Pike - Mother 13533 Calais Dr. Del Mar, California 92014

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	F-480

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market St. S.D. 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 MAR 16 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 3/18/87 (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 1700 Pacific Hwy Rm 101 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 ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/16/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Scott Marshawn Rollins

in a Concrete Liner (Vault/Liner) Funeral, date, time Wed 10Am 3/18

Church, Chapel, Graveside Graveside : Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO. 24Hr-

Lot 1207 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund ..... Care & Space	100 00
Additional spaces and care fund	
Opening/Closing & Setup	100 00
Burial Container ..... Concrete Liner -	50 00
Handling Fees	11 00
Flower vases - Marker setting fee	
Recording and filing fee	5 00
Sales tax	3 00
Total Due	299.00
Paid receipt number 34312	299.00
Balance due	0

MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. PAID MAR 16 1987

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.

Clayton D Rollins
Signature

1105 S. Wedgewood Dr
Address

CA. 92114
State Zip Code

475-5459
Telephone

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

Signature of recorded holder of deed

Work Order # E 6530

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34312

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

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

Date: 3/16/87, 19

From: Vivette Allain Address: 160 So Ridgewood Dr SD 92114

Two Hundred Ninety nine and 00/100 Dollars ($ 299.00)

In full Payment of Interment of Scott Rollins - Dec

Lot 1207 Grave — Row — Section -/- Division 9 Block

Invoice No. —

Acct. No —

W.O. E6530

BALANCE DUE -0-

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

AC-212 (Rev. 11-86) 452

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

ISSUED BY Roger Stelter

CREDIT	67007	20	00
20% Sales Care	77184		
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	3	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	3	00
TOTAL PAID	$	299	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6530

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SCOTT MARSHAWN ROLLINS	Male	March 13, 1987	March 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	Clayborn D. Rollins (Father) 160 Wedgewood Drive S. 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 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 17 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 3/18/87 (ENTRY DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Royce 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Removal

Date 3/16/87

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

in a AV Bell Liner (Vault Liner) Funeral, date, time Thurs 3/19

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 82 Grave 9 Row _____ Section 16 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Desinterment and	
Burial Container Destroy Marker	
Handling Fees	
Flower vases Marker setting fee	
Recording and filing fee	700.00
Sales taxes	
Total Due	700.00
Paid receipt number 34314	700.00
Balance due	0

PAID
MAR 16 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 Recorded all Ok

Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Removal

Invoice # _____

Work Order # E 6531

Acct. # _____

PY-593 (REV. 8-85)

legal typed

№ 34314

OFFICIAL RECEIPT

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

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

Date: 3/16, 1987

From: I. J. Morris, Inc Address: 46 Greenwich St. Hempstead N.Y. 11550

Seven Hundred and no/100 Dollars ($ 700.00)

In full Payment of Disinterment & Removal of Remains & destroy Marker - Edith Josephson - dec 4/25/84

Lot 82 Grave 9 Row — Section 16 Division Block 7

E-4301

Invoice No. —

Acct. No. —

W.O. E 6531

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 8021

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

ISSUED BY Geogen Stelter

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 Dist	100 77183	700.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	700.00

Authorization for Disinterment and Removal of Remains of Deceased

6531

Folio _____ Date 3/13 19 87

STATE OF NEW YORK
COUNTY OF NASSAU } ss:

RACHEL GASPERS, and _____

and _____, each for himself deposes and says:

(1) That the undersigned are the only remaining members of the immediate family of EDITH JOSEPHER, deceased,

(2) That there are no others interested.

(3) That they hereby give their consent to the disinterment and removal of the said EDITH JOSEPHER, deceased,

(4) That this affidavit is made in order to induce
by its agents, servants and employees to permit the disinterment and removal of said remains.

(5) That they further will hold the said MT HOPE CEM. agents, servants and employees harmless from any and all liability on account of such authorization, disinterment and removal of said remains.

Name	Relationship	Address
x Rachel Gaspers	DAUGHTER	P.O. BOX 63½ BOLINAS, CALIF 94924

On this 13 day of March 1987 before me personally came RACHEL GASPERS and _____ to me personally known, and known to me to be the individuals described in, and severally they duly acknowledged to me that they executed the same for the uses and purposes therein mentioned.

On this day of 19 before me personally came _____ and _____ to me personally known, and known to me to be one of the individuals described in, and who executed the foregoing instrument, and he duly acknowledged to me that he executed the same for the uses and purposes therein mentioned.

HOWARD C. KOTKIN
NOTARY PUBLIC, State of New York
No. 30-2184725
Qualified in Nassau County
Commission Expires March 30, 1987

Howard C. Kotkin

6531

I, Rachel Gaspers of P.O. Box 633, Bolinas, California hereby authorize Mr. Stelter of Mt. Hope Cemetery, San Diego, Ca. to remove and dispose of the existing monument or marker that is presently on the grave of my mother, Edith Josepher.

I further release aforementioned cemetery and Mr. Stelter from any liability or responsibility that might be incurred by this procedure.

Rachel Gaspers

RACHEL GASPERS

6531

I.J. MORRIS INC.

Disintenner

M.E. Case # ..... No M.E. Case # ..... G.O.$ ..... LD & G ..... Size ..... ETA ..... Folio .....

Dr. ..... Cremation # ..... IJM by: ..... CEM by: .....

Jewish Name ..... Removed by ..... To: ..... Chapel Time .....

Shiva Benches ..... Cem Procedure ..... Date ..... Time ..... Belongings Yes☐ No☐ Place .....

Candles ..... Pickup ..... Description of Belongings .....

Yah. Cal. ..... Date .....

Ack. Cards ..... Return To/Dispose of/by: ..... Day .....

Guide Given To ..... Flowers .....

V. N.V.

Name of Deceased EDITH JOSEPHER Social Security No. .....

Date of Death 4/25/1984 ☐ BS ☐ AS Place of Death OCEANSIDE CALIF

Sex FEMALE Color WHITE Residence ..... Apt. No. .....

Was deceased war veteran? NO

Marital Status WIDOWED * ..... Zip .....

If married, Name of Husband, Wife's Maiden Name ALBERT Josepher; Edith Sternstein

Birthplace BROOKLYN, N.Y. Citizen USA Date of Birth 1/18/25 Age 5

USUAL OCCUPATION (DO NOT ENTER RETIRED)	KIND OF BUSINESS OR INDUSTRY	NAME AND LOCALITY OF FIRM OR COMPANY	EDUCATION, INDICATE HIGHEST GRADE C ELEMENTARY OR SECONDARY (0-12)	C (1

Any other name(s) by which decedent was known .....

Name of Father WILLIAM STERNSTEIN

Mother's Maiden name Rebecca BANNER

Informant RACHEL J. GASPERS Authorized by RACHEL GASPERS

Address P.O. BX 633 Apt. No. ..... Address P.O. Box 633 Apt. No

BOLINAS, Calif Zip 94924 BOLINAS, CALIF. Zip 94

Relationship Daughter Relationship DAUGHTER

Phone (Home) (415) 868-1862 Phone (Home) 415 868-1862

Phone (Bus.) ..... Phone (Bus.) .....

Organization ..... LOCAL # WES-6517

Cemetery Mt. Hope Cem → New Montefiore

3751 MARKET ST MENORAH PARK

SAN DIEGO CALIF WESTFIELD

Section ..... Block ..... Row ..... Grave ..... PATH J

Plot ..... Map # ..... Deed # ..... Contract # ..... GR #33

Next To ATTN-MR STELTER Grave # ..... Date Interred .....

619-264-3151

Double Monument ☐ Yes ☐ No Reserved Grave for Deceased ☐ Yes ☐ No

Permit from: .....

Address .....

Phone (Home) ..... Phone (Bus.) .....

P.U. Permit at ..... Time .....

Society Benefits: .....

Society Notified by: ..... Spoke to: ..... Entered on Mon by .....

MAYER MORTUARY
619-281-7055
2859 ADAMS AVE
SAN DIEGO Cal.
92116.

31	33	35	37
ALBERT JOSEPHER	X		

SERVED BEFORE .....

Will Sign D.O.F. ..... Shiva at: ..... Drs. Name ..... Shipping F.D. ..... Family in to ar

☐ ARRANGEMENT SHEET
☐ DISCLOSURE STATEMENT
☐ CEMETERY PERMIT
☐ V.A. FORM
☐ .....

Name ..... Address ..... Phone ..... Day .....

Address ..... EMB ZIEGLER AS-IS (size) ..... Time .....

..... Phone (Home) ..... Transcripts @ ..... Place .....

I.D. ..... Phone ..... Phone (Office) ..... Airline ..... Flight .....

W/P a/c ..... Return ..... Cert. Ready ..... Arrives Day ..... Time ..... JFK LGA .....

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6531

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edith Josepher	Female	Jan. 18, 1925	April 25, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Oceanside	San Diego	Rachel Gaspers - Daughter P.O. Box 633 Bolinas, CA. 94924

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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
	New Montefiore Memorial Park, Pinelawn, Long Island, New York		Suffolk
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: MAR 16 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: Removed 3/18/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	Dept. of Health Services, Vital Records, 1700 Pacific Highway, San Diego, CA. 92101		

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

Body removed by Mayer in Plastic Wrap & Body Bag and Flat china - Safe & Carefully.

JMG

№ 34314

OFFICIAL RECEIPT

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

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

6531

Date: 3/16, 1987

From: I.J. Morris, Inc Address: 46 Greenwich St. Hempstead N.Y. 11550

Seven Hundred and no/100 Dollars ($ 700.00)

In full Payment of Disinterment & Removal of Remains & distroy marker - Edith Josephier - dec 4/25/84

Lot 82 Grave 9 Row — Section 16 Division ~~Block~~ 7

E-4301

Invoice No. —

Acct. No. —

W.O. E 6531

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 8021

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

PAID
MAR 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY George Stelter

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 Dist	100 77183	700 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	700 00

THIS CHECK IS IN SETTLEMENT OF THE FOLLOWING INVOICES

DATE		AMOUNT
Disinterment Edith Josepher		
E-6531		
TOTAL OF INVOICES		
LESS ____ % DISCOUNT		
LESS ____		
TOTAL DEDUCTIONS		
AMOUNT OF CHECK		

I.J. MORRIS INC.
FUNERAL DIRECTOR
46 GREENWICH STREET
HEMPSTEAD, NY 11550

8021

Mar 13 1987

1-12/280

PAY TO THE ORDER OF Mt Hope Cemetery $ 700.00 xx

Tax Sum 700 00 00 cts DOLLARS

CHEMICAL BANK
31 Main Street
Hempstead, N.Y. 11550
852

Harold C Fathers

⑈008021⑈ ⑆028000121⑆ 852⑈001150⑈

E-4301

Name JOSEPHER, Edith (LAST, FIRST) MIDDLE ASHES

Buried 82 (LOT) 9 (GRAVE) ROW 16 (SECTION) BLK. 7 (DIV.)

04/25/1984 (DATE OF DEATH) 04/27/1984 (DATE OF BURIAL) Age 59 (YRS.) (1/18/1925 (DATE OF BIRTH)

Oceanside, CA (PLACE OF DEATH) W (RACE) F (SEX)

Removed Rachel Gaspers/Daug/ Neptune of SD

Remarks Bell Liner

PW-972

Marker

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6531

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edith Josepher	Female	Jan. 18, 1925	April 25, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Oceanside	San Diego	Rachel Gaspers - Daughter P.O. Box 633 Bolinas, CA. 94924

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: New Montefiore Memorial Park, Pinelawn, Long Island, New York		COUNTY: Suffolk
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 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 3/19/87 (ENTER DATE) Removed	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Hall	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 Highway, 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 03-16-87

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

of Rosa Stolte

in a Bell Vault/Liner Funeral, date, time Thurs 3/19 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 2080 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Prenead
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	0 00
Total Due	600 00
Paid receipt number	
Balance due	

Called by Norwella

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 054815

Work Order # E 6532

Acct. # 021413

PY-553 (REV. 8-85)

Bill the Estate ; see over

Atty:
Wm. M. Moore
584-0895

Bill the estate

3111 Camino Del Rio No.
Ste 414
SD, Ca 92108

Probate #
143134

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E65328 9

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Rosa McDonald Stolte	Female	Oct. 17, 1897	March 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	Lillian Lorraine Grant- Sister 1463 "J" Street San Diego, CA 92113

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 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 18 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 3/19/87 (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.

E6532

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 021413 INVOICE: 054815 INV DATE: 04 03 87
NAME: ESTATE OF ROSA MC DONALD STOLTE
1) ATTY WM. M. MOORE 2) 3111 CAMINO DEL RIO NORTH
3) STE 414 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92108 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-6532 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
ROSA STOLTE SERVICES	
LOT 2080 DIVN 10	
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
CREDITOR 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.

6-4-87 $606.00 Paid in full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Stolte in a Bell Funeral, date, time Thurs 3/19 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 2080 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	Prenead
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	3 00
Sales taxes	8 00
Total Due	606 00
Paid receipt number	
Balance due	

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 # 054815

Work Order # E 6532

Acct. # 021413

PY-593 (REV. 8-85)

Bill the Estate : see over

E6532

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
William M. Moore, Atty. 3111 Camino Del Rio North Ste 414 San Diego, CA 92108 ATTORNEY FOR (Name): Rosa Stolte		Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Rosa Mc Donald Stolte 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
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [X] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 Martin 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: 04/08/87

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): Rosa McDonald Stolte 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
03/19/87	Rosa McDonald Stolte Services	
	Lot 2080 Division 10	
	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..."

Monthly interest in the amount of $4.55

will be added starting 6-19-87

	TOTAL	$ 606.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/17/87

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	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee ....MONTH..OF..FEBRUARY..1987.	$1125.00
Recording and filing fee	
Sales taxes	
Total Due	$1125.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

CONTI & SON MONUMENT CO
Signature
PO Box 94
Address
San Diego, CA 92112
State Zip Code
RESALE # FH-25603192
Telephone

Work Order # E 6533

Invoice # 054253

Acct. # 004821

PY-593 (REV. 8-85)

E6533

MARKER INSTALLATIONS FOR FEBRUARY 1987

2 x 1	$125.	SWEETEN, Phillip
2 x 1	125.	VELLNER, Florence
2 x 1	125.	PETERSON, Chas & Amy
2 x 1	125.	MARTINEZ, E.
2 x 1	125.	COGGINS, Janet
2 x 1	125.	AVILA, Jose
30 x 12	125.	ABOSAMRA, M & G.
3 x 1	125.	HAMILTON, I & G.
2 x 1	125.	MONROE, L.
	$ 1,125.	

OFFICIAL RECEIPT

Invoice

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

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

No 34353

Date: 3/26/87, 19

From: Conti & Son Address: San Diego

Eleven Hundred twenty five and 00/100 Dollars ($ 1125.00)

In full Payment of Invoice 05-4253

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 054253

Acct. No. 004821

W.O. E6533

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 6819

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

CITY AUDITOR

APR 3 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	$	1125 00

054253 03/20/87 004821 CONTI AND SON MEMORIAL CO 03/26/87 CK 6819 1,125.00 1,125.00 0.00
100 072 77183 000072 1,125.00 PAID IN FULL

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 3,241.50

(D I P.)

P.A. Mark #. #1025783

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Vincent Garcia

in a NONE (Vault/Liner) Funeral, date, time 3/18/Wed/1:30 D.O.

Church, Chapel, Graveside Delivery Only Cano's-Effjon Mortuary.

All Funeral cars must arrive 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 8 Row ____ Section 1 Division/~~Block~~ 12

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

P.A. Case County

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 054812

Work Order # E 6534

Acct. # 000952

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

42

E6534

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Paul Vincent Garcia	Male	July 14,1944	January 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	Public Administrator Indigent Burial Officer 5201-A Ruffin Rd. San Diego, Ca. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 684 So. Mollison Ave. - El Cajon, CA 92020	F-1022

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

- [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 18 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Rucker, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/18/87 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 03-17-87

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

in a Bell (Vault/Liner) Funeral, date, time Fri 3/20 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 8 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund D-3080 (1973) 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

PAID
MAR 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34327 35.00

Balance due -0-

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

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

_____
Signature of recorded holder of deed

Lern R. Nelson
Signature

3370 Broadway
Address

San Diego Ca. 92102
State Zip Code

232-6073
Telephone

Invoice # _____

Work Order # E 6535

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34327

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

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

Date: 12-17, 19 17

From: Ken Nelson Address: 3320 Broadway [illegible]

[illegible] and no/100 Dollars ($ 35.00)

In [illegible] Payment of Maudie Allen [illegible]

Lot 41 Grave 8 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6535

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. 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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

9 | E6535

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Maud Allen Maudie Allen	Female	Aug. 3, 1895	Mar. 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	Fern Nelson - Niece 3320 ~~Broadway~~ 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 Cemety; 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 Pink Wooden Arlington		
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 3300	DATE PERMIT ISSUED MAR 17 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 3/20/87 (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

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Property transfer from:

Date 03-17-87

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 28 Grave 42 Row _____ Section 9 Division/~~Block~~ 3

PAID
MAR 24 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 34342	35.00
Balance due	

to:

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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. Norma J. Freeman
Signature
124 Lupoyoma Circle
Address
Lakeport, Ca 95453
State Zip Code
_____
Telephone

Work Order # E 6536

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

#11389

legal typed ✓

№ 34342

OFFICIAL RECEIPT

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

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

(75452)

Date: 03-24, 19[illegible]

From: Norma J. Freeman Address: [illegible]

[illegible] Dollars ($ 35.00)

In [illegible] Payment of Property transfer from Charles [illegible] deceased to above

Lot 28 Grave 1 + 2 Row Section 9 Division Block 3

Invoice No.

Acct. No.

W.O. E 6536

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	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH — VITAL STATISTICS — STANDARD CERTIFICATE OF DEATH

1. Place of Death: Dist. No. 5750 — COUNTY OF YOLO — Local Registered No. 94

Do Not Write In This Space

~~City, Town or~~ Rural District of West of Woodland — Street and No. West Main Street (If death occurred in hospital or institution, give its NAME)

2. FULL NAME IRENE MARY FOSTER

Residence: No. Keystone Auto Court St. — If non-resident, give City or Town, and State Woodland, Calif.

Usual place of abode West Main St.

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced? (Write the word)
Female	white	Married

5a. If Married, Widowed or Divorced, Name of Husband or Wife: Walter Foster

6. Date of Birth: Jan. 23 1860 (Month) ~~1870~~ (Day) 1870 (Year)

7. Age 68 Yr. 3 Mo. 12 Days | If Less Than One Day ... Hrs. ... Min

Occupation:
8. Trade, profession or kind of work done as spinner, sawyer, bookkeeper, etc. at her home
9. Industry or business in which work was done, as silkmill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) — 11. Total years spent in this occupation —

12. Birthplace (City or Town) New York
State or Country New York

Father:
13. Name Charles Neil
14. Birthplace (City or Town) no record
State or Country [illegible]

Mother:
15. Maiden Name Susan Cecelia Flood
16. Birthplace (City or Town) New York
State or Country New York

17. Length of Residence:
a. City, Town or Rural District of Death 10 Yrs. ... Mos. ... Days
b. In California 65 Yrs. ... Mos. ... Days
c. In U. S., if of foreign birth ... Yrs. ... Mos. ... Days

18. Informant (Signature) W. D. Foster
Address Madison, Calif.

19. Burial, Cremation or Removal? Burial
Place Woodland, Calif. (Write the word) Date 5-7-37

20. Embalmer { License No. 1949 / Signature Ray Harrington
Funeral Director W. C. McNary
Address Woodland, Calif.

21. Filed May 7-1937 (Date) LE R. PIERCE (Local Registrar)

22. Date of Death May 5 1937 (Month / Day / Year)

23. Medical Certificate of Death

I hereby certify, that I attended deceased from April 28-37 to May 5-1937; that I last saw her alive on May 5-1937 and that death occurred on the above stated date at the hour of 11/40 PM M.

The principal cause of death and related causes of importance, in order of onset, were as follows:

	Date of Onset
Coronary occlusion	Apr. 28-1937
Other contributory causes of importance:	

If operation, date of ... Was there an autopsy? no
Condition for which performed
Name laboratory test confirming diagnosis Clinical

24. Coroner's Certificate of Death

I hereby certify that I took charge of the remains described above, held an Inquest, Autopsy or Inquiry Thereon, and from such action find that said deceased came to h... death on the date stated above.

25. If death was due to external causes (violence) fill in the following:
Accident, suicide or homicide? ... Date of injury ...
Injured at { City or Town of ... / County and State of ...
Did injury occur in home, industry, or public place? ...
Manner of Injury ...
Nature of Injury ...
26. If disease/injury related to occupation, specify ...

27. Signature W. J. BLEVINS M. D.
Physician, Autopsy Surgeon
Address Woodland, California

28. When Required By Law ... Coroner
County of ...

STATE OF CALIFORNIA)
COUNTY OF YOLO) ss.

I, PETER McNAMEE, Recorder of the County Of Yolo, State Of California do hereby certify the foregoing to be a true and correct copy of the original record in Book 8 of Deaths, Page 41

Witness my hand and seal this 13 day of December 19 37

PETER McNAMEE
County Recorder
By Cynthia McFalip
Deputy Recorder

Death cert. of Charles Neil's only child Irene Mary (Neil) Foster.

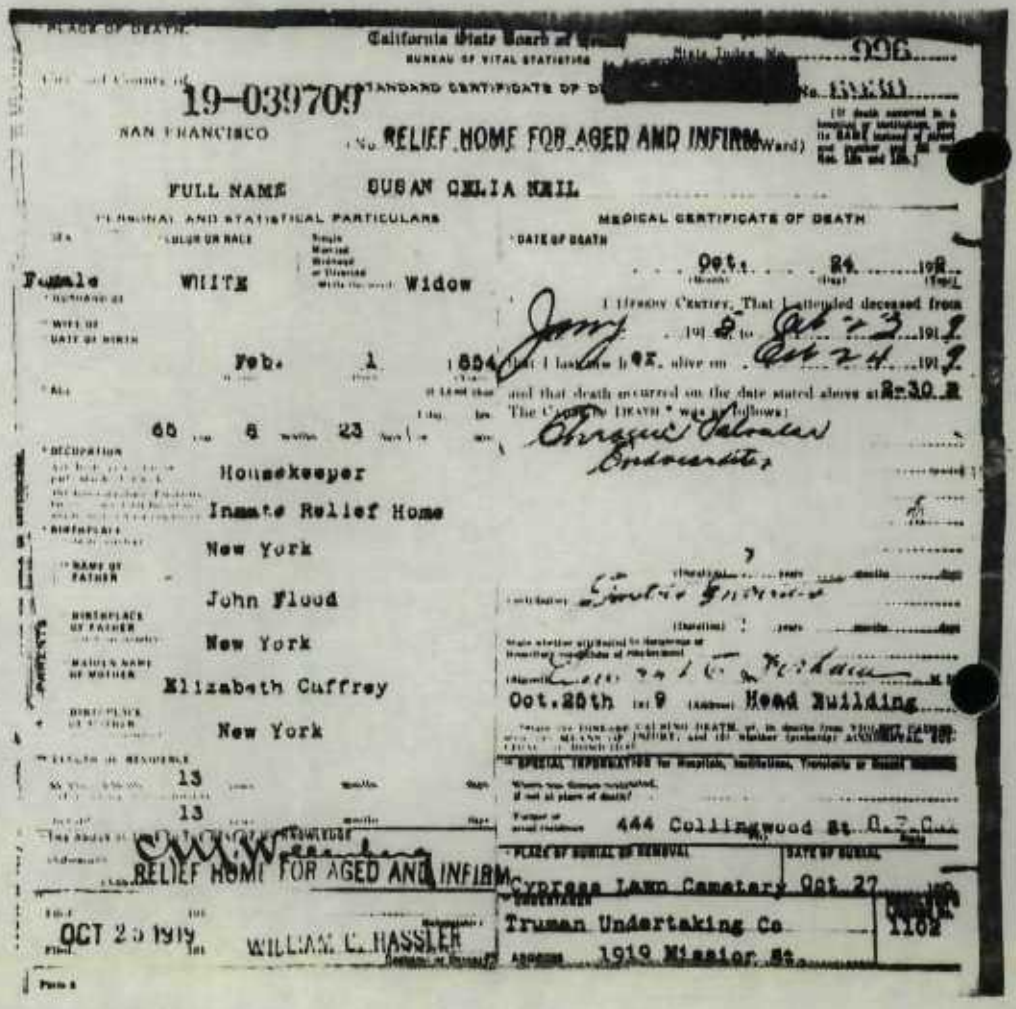
F 4536

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

REVERSE A MYERS DIRECTOR
DEPARTMENT OF HEALTH SERVICES
AND STATE REGISTRAR OF VITAL STATISTICS



By [signature]

Mrs. L. Shields, Chief
VITAL STATISTICS BRANCH

MAY 1 ...

PLACE OF DEATH

California State Board of Health
BUREAU OF VITAL STATISTICS

State Index No. 996

City and County of 19-039709

STANDARD CERTIFICATE OF D[redacted] No. [illegible]

SAN FRANCISCO

(No. RELIEF HOME FOR AGED AND INFIRM (Ward))

(If death occurred in a hospital or institution, give its NAME instead of street and number and the Ward Nos. 18a and 18b.)

FULL NAME SUSAN CELIA NEIL

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: WHITE
Single, Married, Widowed, or Divorced: Widow
HUSBAND OF
WIFE OF
DATE OF BIRTH: Feb. 1 1854
AGE: 65 Yrs. 8 Mos. 23 Days
OCCUPATION: Housekeeper
Inmate Relief Home
BIRTHPLACE: New York
NAME OF FATHER: John Flood
BIRTHPLACE OF FATHER: New York
MAIDEN NAME OF MOTHER: Elizabeth Cuffrey
BIRTHPLACE OF MOTHER: New York
LENGTH OF RESIDENCE: 13 years
13 years

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 24 1919

I HEREBY CERTIFY, That I attended deceased from Jany 1919 to Oct 23 1919
that I last saw her alive on Oct 24 1919
and that death occurred on the date stated above at 2-30 P
The CAUSE OF DEATH was as follows:
Chronic Valvular Endocarditis

Contributory: Senile Gnomes

State whether attributed to dangerous or hereditary condition of employment: Ever 24 C. Perham

Oct. 25th 1919 (Address) Head Building

SPECIAL INFORMATION for Hospitals, Institutions, Transients or Boards

Where was disease contracted, if not at place of death?

Former or actual residence: 444 Collingwood St. S.F.C.

PLACE OF BURIAL OR REMOVAL: Cypress Lawn Cemetery
DATE OF BURIAL: Oct 27 1919

UNDERTAKER: Truman Undertaking Co
ADDRESS: 1919 Mission St.
1102

RELIEF HOME FOR AGED AND INFIRM

OCT 25 1919

WILLIAM C. HASSLER

Death cert of Susan Cecelia (Flood) Neil — only wife of Charles Neil.

E6536

CALIFORNIA DRIVER LICENSE

MUST BE CARRIED WHEN OPERATING A MOTOR VEHICLE AND WHEN APPLYING FOR RENEWAL

EXPIRES ON BIRTHDAY

1 9 8 4



W0068228
Norma Jean Freeman
124 Lupoyoma Circle
Lakeport, CA 95453

SEX	HAIR	EYES	HEIGHT	WEIGHT	PRI LIC ST
F	Brn	Blu	5-7	170	CA

DATE OF BIRTH 3-3-24

MUST WEAR CORRECTIVE LENSES ☐

SEE BACK FOR ANY OTHER CONDITIONS

OTHER ADDRESS

CLASS 3 SECTION 12804 VEHICLE CODE

x Norma Jean Freeman

6-26-81 LKP md

DO NOT LAMINATE

E65536

Issued to CERTIFICATE OF RENEWAL

NORMA JEAN FREEMAN

Norma Jean Freeman
SIGNATURE

Valid only if signed and carried with Driver's License Number W0068228

Expires on Birthday in: 1988

Fee PAID

DL 6A (REV 2/83)

Department of Motor Vehicles
STATE OF CALIFORNIA
GEORGE E. MEESE, Director

My driver's license

Norma J. Freeman

E6536

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

Mabel L. Shields

MAY 5 1982

My father's death Cert. showing his mother Irene M Neil.

68-127131 CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

5700/662

DECEDENT PERSONAL DATA

1. NAME OF DECEASED: Dudley Foster
2. SEX: Male
3. COLOR OR RACE: White
4. BIRTHPLACE: Calif.
5. DATE OF BIRTH: Nov. 1, 1897
6. AGE: 66
7. DATE OF DEATH: Dec. 2, 1963 — 6:10 P.M.
8. NAME AND BIRTHPLACE OF FATHER: Walter Ha Foster / Maryland
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Irene Le Neil / Calif.
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 570-16-6662
12. USUAL OCCUPATION: Orchard
13. KIND OF BUSINESS OR INDUSTRY:
14. NAME OF PRESENT SPOUSE: Mabel Le Foster
15. USUAL OCCUPATION OF SPOUSE: Homemaker

PLACE OF DEATH

16. PLACE OF DEATH: In Coroner's office
17. STREET ADDRESS: 723 F St.
18. CITY OR TOWN:
19. COUNTY: Yolo
20. LENGTH OF STAY IN THIS PLACE: 36
21. LENGTH OF STAY IN COUNTY: 65

LAST USUAL RESIDENCE

20a. LAST USUAL RESIDENCE: Rt. 3 Box 169
20b. CITY OR TOWN: Woodland
20c. COUNTY: Yolo
20d. STATE: Calif.
21. INFORMANT: Mrs. Mabel Le Foster
Rt. 3 Box 169 - Woodland, Calif.

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN:
22b. DATE SIGNED: DEC 4 - 1963
22c. ADDRESS: Woodland, Calif.
23. SIGNATURE OF PHYSICIAN OR CORONER: Coroner of Yolo Co.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

24. DISPOSITION: Cremated
25. DATE:
26. NAME OF CEMETERY OR CREMATORY: Woodland Memorial Park
27. NAME OF FUNERAL DIRECTOR: McInnis & Gimbel
28. LOCATION: Woodland, Calif.
DEC 4 - 1963

CAUSE OF DEATH

42.01

29. CAUSE OF DEATH:
I. Cardiac hypertrophia
Due to: Coronary arteriosclerosis, severe, with postarior cardiac infarction, old, large.
II.
Due to:
III.
Due to:
IV.
Due to:

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I:

OPERATION AND AUTOPSY

31. OPERATION:
32. DATE OF OPERATION:
33. AUTOPSY:

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34b. DESCRIBE HOW INJURY OCCURRED:
35a. TIME OF INJURY:
35b. INJURY OCCURRED:
35c. PLACE OF INJURY:
35d. CITY, TOWN OR LOCATION:

MEDICAL AND HEALTH STATISTICS

E236 3801

1583

State of California
DEPARTMENT OF
PUBLIC HEALTH

This is to certify that this is a true copy of the document filed in this office

Paul W. Shipley

JUN 15 1972

My birth cert. showing I am the daughter of the above, Walter Dudley Foster.

California State Board of Health — Bureau of Vital Statistics
STANDARD CERTIFICATE OF BIRTH

State File No. N-400
21-020295
Local Registered No. 1589

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

(No.) SAINT FRANCIS HOSPITAL (Ward)

FULL NAME OF CHILD: NORMA JEAN FOSTER

(If child is not yet named, make supplemental report as directed.)

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD: Female
Twin, Triplet, or Other:
Number in Order of Birth:
DATE OF BIRTH: March 3rd 1924

FATHER
FULL NAME: Walter Dudley Foster
RESIDENCE: 2919 Scott Street San Francisco, California
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 26
BIRTHPLACE: California
OCCUPATION: Clerk
INDUSTRY: American Express Co.

MOTHER
MAIDEN NAME: Mabel Louise Noll
RESIDENCE: 2919 Scott Street San Francisco, California
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 24
BIRTHPLACE: Minnesota
OCCUPATION: Housewife

Was a Prophylactic for Ophthalmia Neonatorum used? Yes
If so, what? Nitrate silver solution 1%
Number of children born to this mother, including present birth: 1
Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:50 a.m. on the date above stated.

(Signature) D. Edmund M.D.
Date signed March 5 1924
Address 87 Market St
Filed MAR 7 1924
William O. Hassler

Given name added from a supplemental report ..... 19....

NORMA J. FREEMAN
124 Lupoyoma Circle
Lakeport, CA 95453

Mar. 21, 1987

E6536

Dear Sir:

Enclosed is my check of $35.00 for payment of a new deed for the property transfer of my Great Grandfather Charles Neal, Lot #28, Grades 1 and 2, Section 9, Division 3.

In my telephone conversation with you on Mar. 4, 1987, you mentioned the old record showing where Charles Neal purchased the lot #28. Should you have that record in your office I would love to have a photo copy of it for my family history records. If you do not have access to the old record then I would appreciate knowing where I might obtain a copy of the transaction.

Sincerely,

Norma J. Freeman

Enclosed is a SASE for your convenience for a copy of the old record.

Copy of legal description sent w/ deed 11387 + Receipt

Mrs. Norma J. Freeman
124 Lupoyoma Circle
Lakeport, CA 95453

Sept. 12, 1986

E16536

Dear Mr. Stelter:

I am the great grand daughter of Charles Neil who died in your City Nov. 9, 1880 and is buried in the Mt. Hope Cemetery. (Lot 28 - Sec. 9 - Div. 3)

I would like to obtain a Quit-Claim deed for the two lots which again Charles Neil's name.

Enclosed is a copy of the 1880 June 11th census showing Charles, his wife Susan and their only child Irene M. A copy of Susan Neil's S. F Cal. death cert. A copy of Irene Mary (Neil) Foster's death cert showing her parents Charles and Susan. My father's death cert., Walter Dudley Foster, showing that his mother was Irene M. Neil. Then my own birth cert. showing I am the daughter of Walter Dudley Foster. Also a copy of my present Calif. drivers license.

I would appreciate you letting me know what my next procedure is in obtaing ownership of the two vacant lots or to whom I should contact next.

Sincerely,

Norma Jean Freeman

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet W. Martin

in a Bell Liner (Vault/Liner), Funeral, date, time Fri - 11 AM - 3/20/87

Church, Chapel, Graveside Chapel 2 ; 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 67 Grave 11 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ..... Single -	250 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320 00
Burial Container ..... Bell - Concrete	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 34315	856 00
Balance due	-0-

PAID
MAR 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

Sheila A Williams
Signature
1337 Taft Street
Address
Kenilworth Grove, CA 92045
State Zip Code

Telephone

Invoice # _____

Work Order # E 6537

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 34315

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

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

Date: 3/17/87, 19

From: Sheila Williams Address: 1337 Taft St L.G. 92045

Eight hundred fifty six and 00/100 Dollars ($ 856.00)

In full Payment of Interment fees for Violet W Morton - Dec

Lot 67 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6537

BALANCE DUE 0

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

106

AC-212 (Rev. 11-86)

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

7

ISSUED BY Georgen Stitt

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	140	00
Recording & Misc. Fees	100 77183	36	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	40
TOTAL PAID	$	856	00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

0537

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Violet "V" Martin	Female	Dec. 24, 1920	Found March 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	Lorene Bell-Sister-In-law 483 South 46th 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

- [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: MAR 19 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Gerald L. Ramos M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (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 03/17/87

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	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee MONTH OF FEBRUARY	$1.500
Recording and filing fee	
Sales taxes	
Total Due	$1.500
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
Resale #F-40258
Telephone

Invoice # 054254

Work Order # E 6538

Acct. # 000253

PY-503 (REV. 8-85)

MARKER INSTALLATIONS
FOR THE MONTH
OF February 1987

6538

DATE	SIZE	CHARGE	NAME	LOT	GR	ROW	SEC	DIV	K
2/3/87	2x1	$125	SIMS, Willie Ruks	143	3		14	7	
"	2x1	125	JOHNSON, Sofphie Ricks	210	2		14	7	
"	2x1	125	REED, Laura Mae	130	5		1	12	
"	2x1	125	DOANE, Katie T.	3242				10	
"	2x1	125	TANG, Yuan Chan	154	6		2	11	
2/5/87	2-6x1	125	THOMAS, Wilson	69	3		3	12	
"	2x1	125	BASHAW, Maude W.	52	7		6	7	
2/2/87	2x1	125	BURPEAU, Beatrice	69	12		1	11	
"	2x1	125	FUQUA, Harry & Lucile	4	4		4	5	
"	2x1	125	MILLER, Leon P./Marion	120	2		1	12	
"	2x1	125	PEACOCK, Josie, Johnson	74	4		4	5	
"	2x1	125	AMBLER, Ruth E.	792/93			3	8	
		$ 1,500							

4/20/87 № 34435

OFFICIAL RECEIPT

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

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

Date: 4/15/87, 19

From: Seaman Sue Monument Address: San Diego

One Thousand ~~fifty~~ five hundred & my/100 Dollars ($ 1500.00)

In full Payment of Inhoted to Set Marker -

Invoice

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 054254

Acct. No. 000253

W.O. E6538

BALANCE DUE 0

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

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

ISSUED BY: [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
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	$	1500

AC-212 (Rev. 11-86) 1456

F6538

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/20/87

DATE: 04/20/87
TIME: 215240
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
054254	03/20/87	000253	SEAMAN/POE MONUMENT CO					04/17/87	CK	1456	1,500.00	1,500.00	0.00
			100	072		77183	000072				1,500.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,500.00

E6538

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(DIP)
2nd Burial

Date 03-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Mae White in a Bell Vault/Liner Funeral, date, time Tues 3/24 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 69 Grave 4 Row ____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund (1975) D6329 Prorated

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
MAR 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by 3/24/87
Nanella 3/25/87

Total Due 606 00

Paid receipt number 34344 500 00

34347 Balance due 106 00

106 00

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6539

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

F6539

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IDA MAE WHITE	Female	Mar. 4, 1900	Mar. 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
El Cajon	San Diego	Norvell Shelley - Daughter 4758 Solola Ave. Apt. 201 San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, Calif 3050 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 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 19 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 3/24 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Jacquelin 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.

№ 34344

OFFICIAL RECEIPT

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

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

Date: 03-29, 19 7

From: Augustine Greer Address: [illegible] Ln Co 93104

[illegible] Dollars ($ 500)

In Cart Payment of Ida Mae White [illegible]

Lot 69 Grave 4 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E 6539

BALANCE DUE $ 1060

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	30 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	10 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34347

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: Anderson-Hagedale Address: 5050 Federal Blvd [illegible]

[illegible] Dollars ($ 116.00)

In [illegible] Payment of [illegible]

Lot 69 Grave 4 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E 6539

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		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183	65	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	106	00

AC-212 (Rev. 11-86)

Preneed Lot for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose (Rosa) M. Payne

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 96 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 s	
Recording and filing fee	
Sales taxes	
Total Due	250 00
Paid receipt number 34331 ✓	20
Balance due	230 00

PAID
MAR 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

03-18-87

(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

Rosa m. Payne
Signature
7233 K Skyline Dr.
Address
SDCa 92114
State Zip Code

Telephone

Invoice # _____

Work Order # E 6540 ✓

Acct. # _____

PY-593 (REV. 8-85)

10 mo.
$23 mo -

		$230.00
05-01-87	34509 ✓	20.00
		210.00
06-03-87	34642	20.00
		190.00
07-02-87	34766	20.00
		170.00
07-29-87 (Contact)	34863	20.00
		150.00
9-3-87	34984	20.00
		130.00
10-1-87	35087	20.00
		110.00
11-3-87	35239	20.00
		9000
12-2-87	35348	20.00
		70.00
1-5-88	35508	20.00
		50.00
1-6-88	35509	25.00
		25.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rose M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 10th $ 20.00

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

Lot 96
Grave 12
Sec 2
Div 11

$

Amount Received $ 20

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34331

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	$	

OFFICIAL RECEIPT

№ 34509

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

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

Date: 05 [illegible], 19 87

From: Rosa M. Payne Address: 7833 Skyline Dr. [illegible] Ca [illegible]

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Pre-need lot

Lot 96 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6540

BALANCE DUE $210.00

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

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

ISSUED BY B. Lang

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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34642

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

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

Date: 06-03, 1977

From: Rosa M. Payne Address: 7233 Skyline Dr. SD Ca 92114

twenty and no/100 Dollars ($ 20.00)

In Part Payment of Pre-need lot

Lot 96 Grave 12 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6540

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 E. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

№ 34766

OFFICIAL RECEIPT

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

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

Date: 7-2, 19 87

From: Lavie Payne Address: 7233 Skyline Dr, SP, 92114

Twenty dollars Dollars ($ 20 —)

In _____ Payment of Coupon #2 Credit Lot Sales

Lot 96 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6540

BALANCE DUE 170.00

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 Kady Park

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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

34984

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

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

Date: 4-3 , 19 87

From: [illegible] Address: 7233 [illegible]

[illegible] Dollars ($ 45.00)

In [illegible] Payment of [illegible]

[illegible]

Lot 96 Grave 10/12 Row [illegible] Section 5 Division Block 11

Invoice No. 96

Acct. No. [illegible]

W.O. [illegible]

BALANCE DUE [illegible]

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

AC-212 (Rev. 11-86) 4974

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	45 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	$	45 00

OFFICIAL RECEIPT

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

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

№ 35508

Date: 1-6, 1988

From: Lisa Payne Address: 7233 Myline Dr.
twenty dollars Dollars ($ 20.00)

In _____ Payment of _____

Lot 96 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6540

BALANCE DUE 50.00

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

5069

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

OFFICIAL RECEIPT

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

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

№ 35509

Date: 1-6, 1988

From: [illegible] Payne Address: 7233 [illegible] Dr, SD

twenty five no/100 Dollars ($ 25.00)

In Payment of E-6549 was paid in full so payment was applied to E-6540

Lot 96 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6540

BALANCE DUE 25.00

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

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

CITY AUDITOR
JAN 11 1988

ISSUED BY [illegible]

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

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

№ 35629

Date: 2-2, 1988

From: Rosa Payne Address: 7233 Skyline Dr. SD 92114

Twenty Dollars 00/100 Dollars ($ 20.00)

In _____ Payment of Coupon #9 Credit Lot

Lot 96 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $5.00

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

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

CITY AUDITOR
FEB 05 1988

ISSUED BY Sandra Vaid

CREDIT	67007	20	—
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	—

AC-212 (Rev. 10-87)

E-6540
5089

OFFICIAL RECEIPT

№ 35740

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

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

Date 12 11, 19 88

From: Lasa M. Payne Address: 7233 Skyline Dr SD
Chester Wallace 92120 Dollars ($ 30.00)

In Payment of Credit Cert

Lot 26 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1540

BALANCE DUE 0

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

S116

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 23 1988

ISSUED BY Andrea [illegible]

CREDIT	67007	5	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	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

№ 35348

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

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

Date: 12-2, 1987

From: Rosa Payne Address: 7233 Skyline Dr.

Dollars ($)

In Payment of Coupon 7 for E-6549 & 6540 Vault Lot

Lot 96 Grave 10 & 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6540

BALANCE DUE 70.00

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

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

ISSUED BY Sandy Wood

CREDIT 20% Sales Care	67007 77184	25	00
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	$	45	00

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
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 $ 20.00

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

$ 21.00

Sat 9612
Grant 12
Section 2

Amount Received $ 20 —

NAME Lin 11

ADDRESS Same as above

CITY STATE ZIP

☐ check (✓) if this is new address

...s or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
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 $ 20.00

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

Drawe 12
Sat 96
Sec 2
Division 11

$

Amount Received $ 20 —

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-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
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: 0th $ 25.00

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

Lot 96
Grave 10
Sec 2

$

Amount Received $ 25

NAME Dimmitt

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

...nd or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. 0th $ 20.00

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

Grave 12
Lot 96 sec 2
Div 11

$

Amount Received $ 20.00

NAME

ADDRESS

CITY

MRS. ROSA M. PAYNE
7233 SKYLINE DR.
SAN DIEGO, CA. 92114

ZIP

ESS

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 25.00

th

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

Grace 10
Sec 96 Sec 2
Ext 11

$

Amount Received $ 25.00

NAME

ADDRESS

CITY

MRS. ROSA M. PAYNE
7233 SKYLINE DR.
SAN DIEGO, CA. 92114

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: 10th ▶ $ 20.00

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

$ 21.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
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: $ 20.00

Oth

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

Lot 96
Grave 12
Sec 2 Div 11

$

Amount Received $ 20

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

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

Lot 96
grave 10
Sec 2
Div 11

$

Amount Received $ 25

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-6540 96-12-2-11

Rose M. Payne
7233 Skyline Drive
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. $ ~~20.00~~ 10.00

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

Same as other

$

Amount Received $ 10.00

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-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th $ 20.00

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

Due 11

Due 2

$

Amount Received $ 20.00

NAME Rosa M Payne

ADDRESS Lot 96

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/19/87

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 FEBRUARY	$445.
Recording and filing fee	
Sales taxes	
Total Due	$445.
Paid receipt number _____	
Balance due	

MULLER, L. $160
MENDOZA, S. $160.
FRY, Dessie $125.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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
Resale # F-91479
Telephone

Invoice # 054255

Work Order # E 6541

Acct. # 006490

PY-593 (REV. 8-85)

05/04/87

№ 34501

OFFICIAL RECEIPT

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

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

92071

Date: 04-30, 19 87

From: Clemen Granite Address: 10527 Prospect Santee Ca

four hundred forty five and no/100 Dollars ($ 445.00)

In full Payment of Feb. 1987 marker install.

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 054255

Acct. No. 006490

W.O. E 6541

BALANCE DUE 0

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

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
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	$	445.00

AC-212 (Rev. 11-86)

E6541

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/04/87

DATE: 05/04/87
TIME: 220229
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
	E6541												
054255	03/20/87	006490	CLEMENS GRANITE COMPANY					04/30/87	CK	13835	445.00	445.00	0.00
			100	072		77183	000072				445.00		PAID IN FULL

2' grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Yvette Bullard Clark

in a Liner (Vault/Liner) Funeral, date, time Fri 3/20 3:00

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 1665 Grave _____ Row _____ Section 1 Division/[redacted] 9

Grave space & Care Fund	100.00
Additional spaces and care fund 2-0- Flattop Cacht	0
Opening/Closing & Setup	100.00
Burial Container Bell Lawn OOA	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 34340	299.00
Balance due	0

PAID
MAR 23 1987
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 # _____

Acct. # _____

Work Order # E 6542

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34340

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

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

Date: [illegible], 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

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

Invoice No. [illegible]

Acct. No. [illegible]

W.O. [illegible]

BALANCE DUE [illegible]

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	
Sales Tax	60101 78590	
TOTAL PAID	$	

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6542

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
YVETTE BULLARD CLARK ~~YVETTE CLARK~~	Female	Mar. 15, 1987	Mar. 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	Roxanne Y. Bullard - Mother 4244 No. 36th St. Apt. 6 San Diego, California 92104

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 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 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 _____ (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

Pre need lot for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-19-87

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

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 101 Grave 6 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 34333	100.00
Balance due	150.00

10/19/87

03-19-87

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

Katherine L. Ingram
Signature

411-SO-32nd St
Address

San Diego Cal 92113
State Zip Code

232-7233
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6543

PY-583 (REV. 8-85)

		150 00
9-4-87	34992	75.00
		75 00
10-19-87	35179	75 00
		0

OFFICIAL RECEIPT

№ 34333

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

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

Date: 03-19, 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 101 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6543

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.

ISSUED BY [illegible]

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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35179

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

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

Date: 10-19 , 1987

From: KATHERINE L. INGRAM Address: 411 SO. 32ND ST SAN DIEGO, CA 92113

Seventy five and 4/100 Dollars ($ 75.00)

In Full Payment of Preneed Lot

Lot 101 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6543

BALANCE DUE Ø

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 Brua Morrison

CREDIT	67007		
20% Sales Care	77184	50	00
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	$	75	00

OFFICIAL RECEIPT

№ 34993

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

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

Date: 9-4 19 87

From: Catherine Vernon Address: 411 S. 32nd, SD 92113

Seventy-five Dollars ($ 75.00)

In Payment of Credit Dot State

Lot 101 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6543

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 Sandra L. Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	75 —
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	$	75 —

Preneed
Trust Deposit
for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-19-87

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

of Argelia Apodaca

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 4933 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 1984 - E 4603 Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 320 00

Burial Container 100 00

Handling Fees 145 00

Flower vases - Marker setting fee _____

Recording and filing fee 35 00

Sales taxes 6 00

PAID
MAR 19 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

See attached note

Total Due 606 00

Paid receipt number 34335 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 6544

Acct. # _____

PY-593 (REV. 8-85)

Legal typed

E6544

A Note From

HOWARD HEATH 477-4139

March 18, 1987

For Pre-need charges

Argelia Apodaca

Lot 4933, Div. 10

Please send receipt to me.

Howard Heath

611 Highland Ave.,
National City, CA 92050

OFFICIAL RECEIPT

№ 34335

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

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

Date: 03-19, 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 4933 Grave _____ Row _____ Section _____ Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E 6544

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	
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	[illegible]
Sales Tax	60101 78390	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 11-86)

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/87

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

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 50 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... Can be double deep	495 00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495 00
Paid receipt number 34336 —	12 00
Balance due	483 00

Via 3-19-87 T.C.

(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

Work Order # E 6545

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

		$483.00
04-16-87	34440 ✓	21.00
		462.00
05-18-87	34590 ✓	21.00
		441.00
06-17-87	34712	21.00
		420.00
07-17-87	34830	21.00
		399.00
08-20-87	34956	21.00
		378.00
9-18	35051	21.00
		357.00
10/22/87	35202	21.00
		336.00
11-19-87	35317	21.00
		315.00
1-7-88	35528	21.00
		294.00
1-22-88	35592	21.00
		273.00

OFFICIAL RECEIPT

№ 34336

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

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

Date: 3/19/87, 19

From: Earlene Wright Address: 3275 Martin Dr. 92113

Twelve and no/00 Dollars ($ 12.00)

In Deposit Payment of Credit Sale - Deposit

Lot 50 Grave 4 Row 2 Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-6545

BALANCE DUE 48.00

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 Care	77184	
80% Sales of Lots	100 77184	12 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	$	12 00

OFFICIAL RECEIPT

№ 34440

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

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

Date: 04-16, 1987

From: Earlene Wright Address: 3275 Martin Ave SD Ca 92[illegible]

Twenty-one and no/100 Dollars ($ 21.00)

In Gift Payment of Preneed Lot

Lot 50 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6545

BALANCE DUE $462.00

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	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34590

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

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

Date: 05-11, 1987

From: Carlene Wright Address: 3275 Martin Ave SD Ca 92113

Twenty-one and no/100 Dollars ($ 21.00)

In Part Payment of Preneed Lot

Lot 50 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6545

BALANCE DUE $441.00

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

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 11-86)

№ 34712

OFFICIAL RECEIPT

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

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

Date: 6-17 19 87

From: Carlene Wright Address: 275 Martin Ave, S.D. CA

Twenty-one Dollars ($ 21.00)

In — Payment of Credit Lot Sales

Lot 50 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE 430 —

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

2504

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

№ 34956

OFFICIAL RECEIPT

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

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

Date: 8/20, 19 87

From: Arlene Wright Address: 3275 Martin Ave, SD 92113

Twenty one Dollars ($ 21.00)

In _____ Payment of Coupon #5 Credit lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 378.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2565

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	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35051

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

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

Date: 9-18, 1987

From: Darlene Wright Address: 3275 Martin Ave SD 92113

Twenty one Dollars ($ 21.00)

In _____ Payment of Coupon # 6 Credit Sale

Lot 30 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 357.00

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: 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 11-86)

№ 34830

OFFICIAL RECEIPT

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

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

Date: 7-17, 1917

From: Pauline Wright Address: 3275 Martin Ave

Twenty-one Dollars ($ 21.00)

In _____ Payment of Coupon # 4 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 6545

BALANCE DUE $399.00

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

2535

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

№ 35202

OFFICIAL RECEIPT

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

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

Date: 10/22, 1987

From: Arlene Wright Address: 3275 Morton Ave, SD 92113

Twenty-one 00/ Dollars ($ 21.00)

In _____ Payment of Coupon # 7 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 336.00

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

2624

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

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 11-86)

№ 35317

OFFICIAL RECEIPT

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

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

Date: 11-19, 19 87

From: Carlos Wright Address: 3275 Martin, SD 92113

Cert. one Dollars ($ 21.00)

In _____ Payment of Coupon #8 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 315.00

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	21 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21 —

AC-212 (Rev. 11-86)

8651

OFFICIAL RECEIPT

№ 35528

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

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

Date: 1-7, 1988

From: Carlene Wright Address: 3275 Martin Ave, SD CA 92113

Twenty-one no/100 Dollars ($ 21.00)

In _____ Payment of Coupon #9 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 294.00

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

JAN 13 1988

ISSUED BY: Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 10-67) 2699

OFFICIAL RECEIPT

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

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

№ 35592

Date: 1-22, 19 88

From: Carlene Wright Address 3275 Martin Ave SD
twenty-one 00/100 Dollars ($ 21.00)

In _____ Payment of Coupon # 10 Created Lot

Lot 50 Grave 4 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 273.00

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

JAN 27 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 10-87) 2727

OFFICIAL RECEIPT

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

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

№ 35754

Date: 2-22, 1988

From: Carlene Wright Address: 3275 Martin

twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon # 11 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 253.00

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

2753

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

CITY AUDITOR

FEB 26 1988

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

No 35897

Date: 3-24, 19 88

From: Earlene Wright Address: 3275 Morton, SD 92113

twenty-one 00/100 Dollars ($ 21.00)

In Payment of

Lot 50 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6515

BALANCE DUE 232.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
27174

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 24 1988

ISSUED BY Sandra Wright

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	21 —
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	$	21 —

OFFICIAL RECEIPT

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

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

№ 36040

Date: 4-22 19 88

From: Carlene Wright Address: 3273 Morton, SD, CA 92113

Twenty-One 00/100 Dollars ($ 21.00)

In _____ Payment of Coupon #13, Quart Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 211.00

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

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

CITY AUDITOR

APR 29 1988

ISSUED BY Sandra Wara

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	—

AC-212 (Rev. 10-87)

2889

OFFICIAL RECEIPT

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

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

№ 36177

Date: 5-19, 1988

From: Earlene Wright Address: 3275 Martin Ave SD

Twenty-one no/100 Dollars ($ 21.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 190.00

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

2833

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

CITY AUDITOR

MAY 26 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

No 36329

Date: 6-23 19 88

From Darlene Wright Address: 3275 Martin SD

Twenty-one no/100 — Dollars ($ 21.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 50 Grave 4 Row _____ Section 3 Division _____ Block 12

Invoice No _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 169.00

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

AC-212 (Rev. 10-87) 2860

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

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Rosal

CREDIT			
20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

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

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

№ 36472

Date: 8-2, 1988

From: [illegible] Address: 3275 [illegible] Ave

Twenty-two dollars Dollars ($ 22 —)

In [illegible] Payment of credit lot sales

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 6545

BALANCE DUE $149 —

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

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

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	22
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	$	22 00

AC-212 (Rev. 10-87)

2890

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3191

№ 36574

Date: 8-22, 1988

From: Carlene Wright Address: 3275 Martin Ave SD

Forty-Three 2/100 Dollars ($ 42.00)

In _____ Payment of Coupon 17 & 18 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6545

BALANCE DUE 125.00

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

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

CITY AUDITOR
AUG 24 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

AC-212 (Rev. 10-87)

2904

OFFICIAL RECEIPT

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

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

№ 36746

Date: 9-29, 19 88

From: Carlene Wright Address: 3275 Martin, SD 92113

Forty-two 20/100 Dollars ($ 42.00)

In Payment of Coupon 19 & 20 Credit Lot

Lot 50 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6545

BALANCE DUE 83.00

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

AC-212 (Rev. 10-87) 8937

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

CITY AUDITOR

OCT 3 1988

ISSUED BY [signature]

CREDIT	67007	37	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	5	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

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

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

№ 37011

Date: 12-1, 19 88

From: Carlene Wright Address: 3275 Martin, San Diego

Forty - two 20/100 Dollars ($ 42.00)

In _____ Payment of Canyon 21 & 22 Bucket Lot

Lot 50 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-6545

BALANCE DUE 41.00

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

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Sandra Ward

CREDIT	67007	42	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	$	42	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 ▶ $ 21.00

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

$ 22.00

Amount Received $ 22

NAME EARLENE WRIGHT

ADDRESS 3275 Martin Ave.

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
San Diego, CA 92113

Month and Day Due Indicated Below

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

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

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

$ 22.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 $ 21.00

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

$.

Amount Received $

NAME Earlene

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-6545

Earlene Wright
3275 Martin
San Diego, CA 92113

Month and Day Due Indicated Below

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

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

Amount due if paid more than 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-6545

Earlene Wright
3275 Martin
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 0th $ 21.00

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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Hartin
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. th ▶ $ 21.00

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. E-6545

Earlene Wright
3275 Martin
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 $ 21.00

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

$

Amount Received $

NAME Earlene Wright

ADDRESS 3275 Martin Ave

CITY S.D. STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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:)th ▶ $ 21.00

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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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: 10th ▶ $ 21.00

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 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 $ 21.00

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-6545

Earlene Wright
3275 Martin
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. 8th ▶ $ 21.00

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-6545

Earlene Wright
3275 Kurtis
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. $ 21.00

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 Oct ▶ $ 21.00

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-6545

Earlene Wright
3275 Martin
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 $ 21.00

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-6565

Earlene Wright
3275 Hartin
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: Oct ▶ $ 21.00

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-6545

Earlene Wright
3275 Martin
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 $ 21.00

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

2.20 $

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above: 1th ▶ $ 21.00

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Carlene Wright
3275 Martin
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 in, or before, due date above: 5th ▶ $ 21.00

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** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 Oct ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3235 Martin
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: $ 21.00

ck

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 the coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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 10th $ 21.00

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 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Earlene Wright
3275 Martin
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: $ 21.00

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 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6545

Carlene Wright
3275 Hartis
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. Feb 10 — $ 21.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-6545

Earlene Veigel
3275 Hartin
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 ▶ $ 21.00

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 Wright, Earlene ACCT. NO. E-6545

ADDRESS 3275 Martin, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
19 87	Lot 50, Grave 4, Section 3, Division 12	495 00		222 00	273 00
2-22 88	Coupon #11 Receipt #35754			200	25300
3-21 88	Receipt #35897 #12			21 00	23200
4-22 88	Coupon #12 Receipt 36040			2100	21100
5-19 88	Coupon 14 Receipt 36177			2100	19000
6-23 88	Coupon 15, Receipt 36329			2100	16900
8-2 88	Coupon 16, Receipt 36472			2200	147-
8-22 88	Coupon 17 & 18, Receipt 36574			4200	12500
9-27 88	Coupon 19 & 20 Receipt 36746			4200	8300
12-1 88	Coupon 21 & 22, Receipt 37071			4200	4100
12-29 88	Coupon 23 & 24, Receipt 37135			4100	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-31F

№ 37135

Date: 12-29, 1988

From: Earlene Wright Address: 3275 Martin, San Diego

Cat. - Ave 20 [illegible] Dollars ($ 41.00)

In _____ Payment of Coupon 23 & 24 credit lot

final payment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6545

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
JAN 09 1989

ISSUED BY [illegible]

CREDIT	67007	41	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	$	41	00

AC-212 (Rev. 10-87) 3037

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Monday 3/23 / 1:30P

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 No. Son in Honor Camp - "alex"

Lot 18 Grave 6 (6) 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 Estate Claim -	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

Joe McCarthy - P.A.
Creditors Claim

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Paid 6-16-87 KH 006347

Over GWS

Invoice # 054814

Work Order # E 6546

Acct. # 000952

PY-593 (REV. 8-85)

Creditors Claim to P.A.

Bill for $856.00
PA
if less paid
issue Credit

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6546

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
CARRIE	BELLE	WRIGHT	Female	AUG. 1, 1916	MAR. 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	Robert G. Wright - Son 19941 Fern Way Castro Valley, CA 94546

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: 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 #100 H.B. Octagon		
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 20 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 3/23/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Roger 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

We Select

Date 03-20-87

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

in a Bell Vault/Liner Funeral, date, time Tues 3/24 2:00

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 22 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	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number	
Balance due	

Called by Robert Womack PA office

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 054816

Work Order # E 6547

Acct. # 000952

PY-593 (REV. 8-85)

Invoice only no CC needed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6547

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OTTO ANDERSON	MALE	MAR 2, 1894	MAR 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	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

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

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

- [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 MAR 20 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 24 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

Date 3/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ahmad M. Y. El Wanni

in a Gravel fill Vault Liner Funeral, date, time 2PM-3/20/Fri

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 A Grave 62 Row — Section Mosley Division/Block

Grave space & Care Fund	
Additional spaces and care fund Reserve Sp. 60 - Muslim Assn.	250.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	285.00
Paid receipt number	
Balance due	

Space O.K. by me A. Gwin

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 054813

Work Order # E 6548

Acct. # 015935

PY-583 (REV. 8-86)

#11399 Gr. 60

3/20/87

Barbara:

Please Reserve grave 60 for Husband of deceased in Sp 62 -

O. Ked By Mr. A.

George Stetler

E 6548

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6548

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ahmad M.Y. El Wanni	Male	Oct. 10, 1929	March 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 Jolla	San Diego	Iwan El Wanni-Son 9949 Azuaga Street San Diego, California 92129

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA Portical Board flat china no lines		
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 MAR 20 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. DP
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/20/87 (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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

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

E6548

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/20/87

DATE: 05/20/87
TIME: 202340
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
054813	04/03/87	015935	MUSLIM ORGANIZATION					05/16/87	CK	127	285.00	285.00	0.00
			100	072		77181	000072				250.00		PAID IN FULL
			100	072		77183	000072				35.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 285.00

F6548

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Credit Sale Date 3/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa M. Payne - Pre need

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 96 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Reserved	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 34338 ✓	50.00
Balance due	200.00 (over)

Paid 12/2/87

8 Payments of $25.00

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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6549 ✓

PY-593 (REV. 8-85)

05-01-87	34508 ✓	200.00
		25.00
		175.00
06-03-87	34643	25.00
		150.00
07-02-87	34765	25.00
		125.00
07-29-87	34863	25.00
		100.00
9-3-87	34984	25.00
		75.00
10-1-87	35087	25.00
		50.00
11-3-87	35239	25.00
		25.00
12-2-87	35348	25.00
		0

Pre need

OFFICIAL RECEIPT

№ 34338

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 Payne Address: SD

Fifty and no/100 Dollars ($ 50.00)

In Deposit Payment of Pre need Grave - Credit Sale

Will instruct on reserv later

Lot 96 Grave 10 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6549

BALANCE DUE 200.00

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

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

DCR 009025

CITY AUDITOR

MAR 31 1987

ISSUED BY Gaye

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) 4822

Eight Hundred Fifty 10th Inv

OFFICIAL RECEIPT

№ 34508

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

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

Date: 05-01, 19 87

From: Rosa M Payne Address: 7-33 Skylane Dr. S.D. Ca 92114

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Pre-need lot

Lot 96 Grave 10 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. E6549

BALANCE DUE $175.00

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

№ 34643

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

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

Date: 06-03, 19[illegible]

From: Rosa M. Payne Address: 7233 [illegible]

[illegible] and [illegible] Dollars ($ 25.00)

In [illegible] Payment of Pre-need lot

Lot 96 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6549

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.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34765

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

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

Date: 7-2, 1987

From: Lora Payne Address: 7233 Skyline

Twenty Five Dollars ($ 25.00)

In _____ Payment of Coupon #2 Credit Lot Sales

Lot 96 Grave 10 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6549

BALANCE DUE 125.00

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 Hendy 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	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34863

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

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

Date: 7-29, 1987

From: Rosa Payne Address: 7233 Skylane Dr. SD 92114

Forty-Five Dollars ($ 45.00)

In _____ Payment of Coupon #3 Credit Lot Sales

Lot 96 Grave 10 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6540 & E-6549

BALANCE DUE _____

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

4945

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	45 -
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	$	45 -

OFFICIAL RECEIPT

№ 35087

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

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

Date: 10-1, 1987

From: [illegible] Address: 7233 [illegible], SD 92114

Forty-Five Dollars ($ 45.00)

In _____ Payment of [illegible] #5 for Credit [illegible]

Lot 96 Grave 10 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6549 & E6540

BALANCE DUE _____

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

4994

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	45 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	$	45 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

№ 35239

Date: 11-3-, 19 87

From: ROSA M. PAYNE Address: 7233 SKYLINE DR. S.D. 92114

Forty five Dollars Dollars ($ 45.00)

In Part Payment of Credit Sales Coupon #6

Lot 96 Grave 10+12 Row — Section 2 Division Block: 11

Invoice No.

Acct. No.

W.O. E-6540, E-6549

BALANCE DUE 115.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
5022

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morris

CREDIT	67007	25 00
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	50101 78390	
TOTAL PAID	$	45 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Peyne
7233 Skyline Drive
San Diego, CA 92114

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 — $ 20.00

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

Sof 96
Grave 12
See 2
Rive 11

$

Amount Received $ 20.00

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-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
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: 0th ▶ $ 25.00

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

$

Lot 96
Grave 10
Sec 2

Amount Received $ 25.00

NAME

ADDRESS

CITY Div 11 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-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above 10th $ 25.00

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

Lot 96
Grave 10
Sec 2

$

Amount Received 25

NAME Division 11

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring this coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
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 — $ 25.00

Amount due if paid more than 10 days after due date above. — $ 1:00

$ 26.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

[illegible] coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
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: 0th $ 20.00

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

Lot 96
Drawer 12
Section 2
Div 11

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6540 96-12-2-11

Rosa M. Payne
7233 Skyline Drive
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 $ 20.00

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

June 13

$

Amount Received $ 20 —

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-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th ▶ $ 25.00

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

April 10

$

Amount Received $25.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6549 96-10-2-11

Rosa M. Payne
7233 Skyline Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. 10th ▶ $ 25.00

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

$ 26.00

Grove 10) Sec 2
Duncan 11) Lot 96

Amount Received $ 25.00

NAME Rosa M. Payne

ADDRESS 7233 Skyline Dr

CITY San D. STATE CA ZIP 92114

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-20-87

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

in a Bell (Vault/Liner) Funeral, date, time Tues 3/24 1:00

Church, Chapel, Graveside : Wiefels (29 Palms) Mortuary.

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

Lot 113 Grave 4 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund Reserve gr. 3 - 30 Days	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 34339	856 00
Balance due	-0-

PAID
MAR 20 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

03-20-87

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

Jessie Thomas
Signature
5838 Bagley Dr.
Address
29 Palms Ca
State
92277 Zip Code
367 2021
Telephone

Work Order # E 6550

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

Ben Franklin, Funeral Director

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6550

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Monique NMN Israel	Female	April 2,1946	March 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
Joshua Tree	San Bernardino	Jessie Thomas- Friend 5836 Bagley Ave. # E Twentynine Palms, CA. 92277

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Wiefels and Son- 29 Palms,CA.	F841

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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED Mar.20,1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ George R. Petersen/By [illegible] Dep.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 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 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

№ 34339

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 113 Grave 4 Row [illegible] Section [illegible] Division Block 11

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E6550

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 [illegible]

CREDIT	67007	[illegible]
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]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

no services

Date 03-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby B. Livingston in a Bell Vault/Liner Funeral, date, time Tues 3/24 11:00 Church, Chapel, Graveside Delivery only 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 98 Grave 8 Row ____ Section 100F Division/Block 43

Grave space & Care Fund T 1968 (C-5694) 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 34343	606 00
Balance due	-0-

PAID
MAR 24 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Arthur

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6551

Acct. # ____

PY-583 (REV. 8-85)

Mortuary to bring check

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6551

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUBY BELL LIVINGSTON	FEMALE	NOV 5, 1898	MAR 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	OPAL M. KERLEY, FRIEND 3732 OLEANDER DRIVE 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 92107	F-816

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 MAR 23 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 24 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramos, M.D.

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

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 34343

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

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

Date: 03-24, 19[illegible]

From: [illegible] Address: 3732 [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 96 Grave [illegible] Row [illegible] Section 100F Division-Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E 6551

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	320 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	145 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID	$	606 00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth L. B. Bode

in a _____ Vault/Liner Funeral, date, time 3/30/2 P.M. / Mon

Church, Chapel, Graveside 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 + Grave 6 Row _____ Section 1 Division/~~Block~~ 4

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ash Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 24862	240.40
Balance due	2.00

PAID
MAR 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will Pay by 3/30

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

+ Elizabeth L. Bacon
Signature
x 1528 Oxford St.
Address
x Berkeley, CA 94709
State Zip Code
x 415-843-3621
Telephone

Work Order # E 6552

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36653

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

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

Date: 9-7, 19 86

From: Phyllis Meach Address: 7737 Dogwood Lake, SL 92119

twenty-five dollars Dollars ($ 25.00)

In Payment of Coupon 18 Credit Lot

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. 8-6553

BALANCE DUE 117.00

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

2723

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

CITY AUDITOR
SEP 13 1986

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	2.00
80% Sales of Lots	100 77184	23.00
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

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

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

№ 37222

Date: 1-11, 1989

From: Phyllis Skoch Address: 7737 Topaz Lake, San Diego CA

Twenty-five no/100 Dollars ($ 25.00)

In Payment of Coupon 22, Credit Lot

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. 81-6553

BALANCE DUE 27.00

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

2774

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

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

CITY AUDITOR
JAN 13 1989

OFFICIAL RECEIPT

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

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

№ 36943

Date: 11-8, 1988

From: Phyllis Shock Address: 7737 Topaz Lake, San Diego
Twenty - five rolls Dollars ($ 25.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 77.00

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

2755

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

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

CITY AUDITOR
NOV 15 1988

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 36507

Date: 8-5, 1988

From: [illegible] Address: 7737 Tobag Lake Avenue

Twenty five dollars Dollars ($ 25.00)

In payment Payment of Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. C-1553

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

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	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 —

AC-212 (Rev. 10-87)

2718

OFFICIAL RECEIPT

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

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

№ 36789

Date: 10-5, 19 88

From: Phyllis Stroch Address: 7737 Lopez Lake Dr

twenty-five no/100 Dollars ($ 25.00)

In Payment of Vaugon. 19 Credit Lot

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. 8-6553

BALANCE DUE 92.00

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

AC-212 (Rev. 10-87) 2737

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

OFFICIAL RECEIPT

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

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

№ 37095

Date: 12-12, 1988

From: Phyllis Keach Address: 7737 Tapp St. [illegible]

twenty-five [illegible] Dollars ($ 25.00)

In _____ Payment of Coupon [illegible]

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 52.00

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

2760

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

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

CITY AUDITOR
DEC 14 1988

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th $ 25.00

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

$

Amount Received $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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. Feb $ 25.00

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

$ _____

Amount Received $ 25.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz Lake Ave

CITY San Diego STATE CA ZIP 92119

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-0333

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above $ 1.00

$

Amount Received $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake

CITY San Diego STATE Ca ZIP 92119

☐ check (√) if this is new address

Send or bring one coupon with each remittance. **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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: Deb ▶ $ 25.00

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

$

Amount Received $ 25 00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0333

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above. $ 1.00

$

Amount Received $ 25.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 9219

☐ check (✓) if this is new address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6552

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELIZABETH LE BRETON BADE	Female	06-13-1884	03-22-1987

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	Elizabeth L. Bacon (Daughter) 1528 Oxford Street Berkeley, CA 94709

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		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 3/24/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 24 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/30/87 (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 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

OFFICIAL RECEIPT

№ 34362

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

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

Date: 3/30, 19 87

From: Elizabeth Bacon Address: Berkley Ca

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

In full Payment of Interment of Cremains of Elizabeth Bade

Lot -1- Grave 6 Row — Section 1 Division Block 4

Invoice No. —

Acct. No. —

W.O. E 6552

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	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

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

ISSUED BY [signature]

AC-212 (Rev. 11-86) 4004

Preneed lot for

MT. HOPE CEMETERY

INTERMENT-ORDER

City of San Diego

Date 03-24-87

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

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 365 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

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 34341 ✓	25.00
Balance due	570.00 (over)

03-23-87

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 7737 Topaz Lake

Code SD Ca 92119 Zip Code

Telephone _____

Invoice # _____

Work Order # E 6553 ✓

Acct. # _____

PY-593 (REV. 8-85)

		570.00
		25.00
		545.00
4-10-87	34416 ✓	25.00
		520.00
05-15-87	34526 ✓	25.00
		495.00
06-08-87	34674	25.00
		470.00
07-07-87	34786	25.00
		445.00
08-05-87	34883	25.00
		420.00
9-8-87	35009	25.00
		395.00
10-7-87	35130	26.00
		369.00
11-30-87	35339	25.00
		344.00
12-4-87	35366	25.00
		319.00
1-6-87	35512	

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above. ▶ $ 1.00

$ 26.00

Amount Received $ 25.00

NAME Phyllis L. Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☒ check (✓) if this is new address

№ 34341

OFFICIAL RECEIPT

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

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

(92119)

Date: 3/23/87, 19

From: Phyllis Skeach Address: 7737 Topaz Lake Ave Sd Ca

Twenty five and 00/100 Dollars ($ 25.00)

In Export Payment of Credit Sale

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E6553

BALANCE DUE $570

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	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

№ 34416

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

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

Date: 04-10, 19 77

From: Phyllis Skeach Address: 7737 Topaz Lake Sd Ca 92119

twenty five and no/100 Dollars ($ 25.00)

In Cert Payment of Pre-need Lot

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E 6553

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 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)

OFFICIAL RECEIPT

№ 34526

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 05-05, 19 07

From: Phyllis Skeoch Address: 7737 Topaz Lake Ave SD 2117

Twenty five and no/100 Dollars ($ 25.00)

In Gift Payment of Preneed Lot

Lot 365 Grave Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E6553

BALANCE DUE $520.00

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

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

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)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 Phyllis L. Skeoch

ADDRESS 7737 Topaz Lake Ave

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

№ 34674

OFFICIAL RECEIPT

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

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

Date: 6-8, 1987

From: Phyllis Skeack Address: 7737 Lapa Lake Cu

Twenty Dollars Dollars ($ 20 —)

In — Payment of Coupon #3 Credit Lot Sales

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE _____

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

2536

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	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 this coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above: $ 1.00

$ 25.00

Amount Received $ _____

NAME Phyllis L. Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34785

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

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

Date: 7-7, 1987

From: Phyllis Skeoch Address: 7737 Topaz Lake, SD

Twenty-five Dollars ($ 25.00)

In _____ Payment of Canyon #4 Credit Lot Sales

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 470.00

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

2542

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

Mail or bring one coupon with each remittance. **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ 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 34883

Date: 8-5, 1987

From: Phyllis Skeoch Address: SD.

Twenty-five dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale - Coupon #5
E-6553

Lot Grave Row Section Division Block

Invoice No

Acct. No.

W.O. E-6553

BALANCE DUE

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

AC-212 (Rev. 11-86) 2554

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553.

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. 10th $ 25.00

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

$

Amount Received $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35130

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

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

Date: 10-7, 1987

From: Phyllis Kiosk Address: 7737 Jaguar Lake, 92119
twenty-five 001 Dollars ($ 25.00)

In _____ Payment of Canyon #7 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 395.00

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

2584

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above: ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

№ 35009

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: Phyllis Sherck Address: 7737 Tapaz Lake Cu
Twenty Five Dollars ($ 25.00)

In _____ Payment of Coupon #6 Credit Sale

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6552

BALANCE DUE 420.00

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

2572

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Vara

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ 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

№ 35512

Date: 1-6, 1987

From: Phyllis Meach Address: 7737 Topaz Lake Ave

twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon #10 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 4

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 319.00

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

AC-212 (Rev. 10-87) 2625

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

CITY AUDITOR

JAN 11 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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ 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. 35664

Date: 2-5 , 19 86

From: Phyllis Marsh Address: 7737 Topaz, Okie, CA

Twenty five 00/100 Dollars ($ 25.00)

In: Payment of Coupon #11 Credit Act

Lot 265 Grave Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-6553

BALANCE DUE 2500

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 10 1986

ISSUED BY

CREDIT	67007	
20% Sales Care	77194	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	25 00
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-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 25.00

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

$

Amount Received $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35840

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 3-8, 1988

From: Phyllis L. Shack Address: 7737 Lajoz Dr. SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Canyon # 12 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 268.00

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

2655

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

CITY AUDITOR

MAR 11 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 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 25.00

NAME Phyllis T. Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

№ 35339

OFFICIAL RECEIPT

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

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

Date: 11-30, 1987

From: Phyllis Keock Address: 7737 Topaz Lake
Twenty-Six 601 Dollars ($ 26.00)

In _____ Payment of Coupon #8 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 369.00

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

2603

AC-212 (Rev. 11-86)

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

ISSUED BY Lindy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26 —
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	$	26 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. F-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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 $ 26.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35366

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

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

Date: 12-4, 1987

From: Phyllis Hesch Address: 7737 Topaz Lake Ave, S.D. 92119
Twenty-five 007 Dollars ($25.00)

in _____ Payment of Coupon #9 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6552

BALANCE DUE 344.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2607

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)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeach
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 25.00

NAME Phyllis Skeach

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6553

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 26.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz LAKE Ave

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36052

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

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

Date: 4-26, 19 88

From: Phyllis Skeoch Address: 7737 Tapez Lk, SD 92119

Twenty-six no/100 Dollars ($ 26.00)

In _____ Payment of Coupon #13 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 242.00

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

2670

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

CITY AUDITOR

APR 29 1988

ISSUED BY Sandra Vera

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26.00
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	$	26.00

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

№ 36128

Date: 5-9, 1988

From: [illegible] Address: 7737 Topaz [illegible]

[illegible] Dollars ($ 25.00)

In: Payment of Coupon 14 Credit Dat

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-6553

BALANCE DUE 217.00

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

2677

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

CITY AUDITOR

MAY 12 1988

ISSUED BY [illegible]

CREDIT	67007	
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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

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

№ 36267

Date: 6-7, 19 88

From: Phyllis Knock Address: 7737 Lagaz Lake, SD 92119

twenty-five no/100 Dollars ($ 25.00)

In: Payment of Coupon 15 Credit Lot

Lot 365 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-6553

BALANCE DUE 192.00

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

2672

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	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-6553

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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 10 days after due date above. $ 1.00

$

Amount Received $ 25.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz Lake

CITY San Diego STATE Ca ZIP 92119

☐ 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

№ 36376

Date: 7-6, 19 88

From: Phyllis Steack Address: 7737 Lagoon Lake, SD

twenty five no/100 Dollars ($ 25.00)

In _____ Payment of Cane pen 16 Credit Lot

Lot 365 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6553

BALANCE DUE 167.00

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

2702

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUL 11 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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: 8th ▶ $ 25.00

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

$ _____

Amount Received $ 25.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz Lake Ave

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Shaech
7737 Topaz Lake Ave.
San Diego, CA 92119

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 ▶ $ 25.00

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

$

Amount Received $ 25.00

NAME Phyllis Shaech

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

NAME Skeoch, Phyllis ACCT. NO. E-6553

ADDRESS 7737 Topaz Lake, San Diego, Ca 92119 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Ma[illegible]24 87	Lot 365, Section 3, Division 8	595 00		276 00	319 00
2-5 88	Coupon # 11, Receipt 35664			25 00	294 00
3-8 88	Coupon # 12, Receipt 35840			25 00	269 00
4-26 88	Coupon # 13, Receipt 36052			26 00	243 00
5-9 88	Coupon #14 Receipt 36128			25 00	218 00
6-7 88	Coupon #15, Receipt 36267			25 00	193 00
7-6 88	Coupon 16 Receipt 36376			25 00	168 00
8-5 88	Coupon 17 Receipt 36507			25 00	143 00
9-7 88	Coupon 18, Receipt 36653			25 00	118 00
10-5 88	Coupon 19, Receipt 36789			25 00	93 00
11-8 88	Coupon 20, Receipt 36943			25 00	68 00
12-12 88	Coupon 21, Receipt 37095			25 00	43 00
1-11 89	Coupon 22, Receipt 37222			25 00	18 00
2-8 89	Coupon 23, Receipt 37337			20 00	(2 00)
					Late fees

AIGNER FORM NO. 25-204 Skeoch, Phyllis 365 - 3 - 8 PRINTED IN USA

OFFICIAL RECEIPT

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

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

№ 37337

Date: 2-9, 1989

From: [illegible] Address: 7737 [illegible]

[illegible] Dollars ($ 20.00)

In _____ Payment of [illegible]

Lot 3[illegible] Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. 8-6553

BALANCE DUE 0

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

2786

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

ISSUED BY [illegible]

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

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6553

Phyllis Skeoch
7737 Topaz Lake Ave.
San Diego, CA 92119

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: 8th ▶ $ 25.00

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

$

Amount Received $ 25.00

NAME Phyllis Skeoch

ADDRESS 7737 Topaz Lake

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6555

Phyllis Skeech
7737 Topaz Lake Ave.
San Diego, CA 92119

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 ▶ $ 20.00

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

$

Amount Received $ 20.00

NAME Phyllis Skeech

ADDRESS 7737 Topaz Lake Ave.

CITY San Diego STATE Ca ZIP 92119

☐ check (✓) if this is new address

Pri need
Grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar J. Julien

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-Korea

Lot 87 Grave 11 Row — Section 2 Division/Block 11

Grave space & Care Fund	300.00
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	300.00
Paid receipt number 34345 ✓	15.00
Balance due	285.00 (over)

Credit Sale

Paid 10/22/87

3-25-87

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

Oscar J Julien
Signature

5107 LA PAZ. DR
Address

CA. 92114
State Zip Code

264-3816
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6554

PY-593 (REV. 8-85)

		$285
4-1-87	34376 ✓	20 00
		$265 00
04-30-87	34503 ✓	20 00
		245 00
05-26-87	34613 ✓	20 00
		225 00
06-03-87	34645	20 00
		205 00
07-02-87	34767	20 00
		185 00
07-10-87	34805	- 20.00
		165.00
08-24-87	34962	20.00
		145.00
09-03-87	34987	20.00
		125.00
10-22-87	#35195	125.00
		0

11/11/87

If Oscar Julian
Comes to Counter
"Just ask him to
see me" - no discussion
no Word on Double Sale
If not in - next Time
GWJ

FORM 61 LEGAL DESCRIPTION 6554 SAN

LOT 87 SECTION 2 DIVISION 11

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	RE
1						
2						
3	Wright, Lola	Smith, Louise	09/18/87 $250.	09/23/87	E-6914	
4		Allen, Ollie B.	06/10/1987 $300.		E-6721	
5	*	" " "	" "		"	Double Sale See 11
6		" " "	" "		"	
7						
8						
9						
10						
11	E6554 – O. Julian	assigned 11/11/87 by CM – due to OS equal quality (letter)				↑ See 5
12						

TAYLOR SYSTEM OF CEMETERY RECORDING

OFFICIAL RECEIPT

№ 34345

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

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

Date: 3/25/87, 19

From: Oscar Julien Address:

Dollars ($ 15.00)

In Deposit Payment of Credit Sale

Lot 87 Grave 5 Row — Section 2 Division Block 77

Invoice No. —

Acct. No. —

W.O. E-6554

BALANCE DUE 285.00

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 Hall

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	15 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

OFFICIAL RECEIPT

No 34376

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

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

Date: 4/1/87, 19

From: Oscar Nielsen Address: 5157 La Paz Dr. S.D. 92114

In Deposit Payment of Credit Sale — No Book yet Dollars ($ 20.00)

Lot 87 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6554

BALANCE DUE 265.00

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 Gaye

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

OFFICIAL RECEIPT

№ 34503

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

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

Date: 04-30, 19 87

From: Oscar Gutierrez Address: 5157 La Playa Dr. La Mesa 92041

Twenty and no/100 Dollars ($ 20.00)

In Cash Payment of Burial Lot

Lot 87 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6554

BALANCE DUE 220.45

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. Long

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

OFFICIAL RECEIPT

№ 34613

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

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

Date: 05-26, 1987

From: Oscar G. Julien Address: 5157 [illegible] Dr. [illegible] 92114

Twenty and no/100 Dollars ($ 20.00)

In Part Payment of Pre-need lot

Lot 17 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6554

BALANCE DUE $225.00

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

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

ISSUED BY B. Wang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34645

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

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

Date: 06-03, 1987

From: Oscar G. Julien Address: 5157 La Paz Dr. [illegible]

Twenty and no/100 Dollars ($ 20.00)

In part Payment of Preneed lot

Lot 87 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6554

BALANCE DUE $215.00

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

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

011313
CITY AUDITOR

JUN 8 1987

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34767

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

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

Date: 7-2 , 19 87

From: Lisa Julien Address: 5157 La Paz Dr, SD 92114

Dollars ($)

In Payment of Credit Out Sale

Lot 87 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6554

BALANCE DUE $165.00

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 Linda Wade

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

OFFICIAL RECEIPT

№ 348

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

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

Date: July 10, 19 87

From: Ann J. Julien Address: 5157 La Paz Dr. LSD 92114

Twenty dollars and no/100 Dollars ($ 20.00)

In part Payment of Preneed lot

Lot 87 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E6554

BALANCE DUE ~~$ 120.00~~ 100

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

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

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

ISSUED BY Dave Lowney

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34962

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

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

Date: 8-25, 1987

From: [illegible] Address: 5157 [illegible] Dr, SD 92114

Twenty Dollars ($ 20.00)

In _____ Payment of Credit Lot Sale

Lot 87 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6554

BALANCE DUE 145.00

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

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

ISSUED BY [illegible]

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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35195

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

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

Date: Oct. 22, 19 87

From: Oscar J. Julian Address: 5157 La Paz Dr SD 92114

One hundred twenty five dollars and 00/100 Dollars ($ 125.00)

In full Payment of Mr. & Mrs O. J. Julian - Pre-need lot

Lot 87 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6554

BALANCE DUE 0

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

AC-212 (Rev. 11-86)

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

CITY AUDITOR

NOV 2 1987

ISSUED BY Dave Lowrey

CREDIT	67007		
20% Sales Care	77184	60	00
80% Sales of Lots	100 77184	63	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

№ 34987

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

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

Date: 9-3, 1987

From: [illegible] Address: 5157 [illegible] Dr 94114

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Credit Lot Sale

Lot 87 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6554

BALANCE DUE 125.00

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
002330
SEP 11 1987

ISSUED BY [illegible]

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vince Hermen Littleton Jr

in a Bell Vault/Liner Funeral, date, time Fri 3/27 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 802 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1201 00

30 day note

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.

Henrietta Littleton
Signature of recorded holder of deed

Henrietta Littleton
Signature
6068 Mallard St
Address
San Diego Calif 92114
State Zip Code
Telephone

Invoice # 054819

Work Order # E 6555

Acct. # 021414

PY-583 (REV. 8-86)

W.O. NO. E6555

NOTE—STRAIGHT

$ 1201.00 San Diego, California, March 25, 1987

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 one and no/100 DOLLARS

with interest from April 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 Henrietta Littleton

6668 Mallard st. San Diego

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address 92114

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6555

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VINCE HERMAN LITTLETON, IV	Male	May 10, 1962	Mar. 22, ~~1987~~ 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	Henrietta Littleton - Mother 6668 Mallard Street San Diego, California 92114

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 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 MAR 25 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
▶ Donald L. Ramos, 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.

6/9/87

№ 34656

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 06-04, 19 87

From: Henrietta Littleton Address: 6662 Mallard St. San Diego 92114

Twelve hundred one and no/100 — Dollars ($ 1201.00)

In full Payment of Vince Herman Littleton VI services

Lot 802 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 054819

Acct. No. 021414

W.O. E-6555

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. [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	$	1201.00

AC-212 (Rev. 11-86)

E-6555

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 021414 INVOICE: 054819 INV DATE: 04 03 87

NAME: HENRIETTA LITTLETON

1) 6668 MALLARD STREET 2) _____

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-6555 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: 1,201.00

DESCRIPTION OF CHARGE	AMOUNT
VINCE HERMAN LITTLETON VI SVCS	
LOT 802, DIVN 10	595.00
OEPNING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
30 DAY NOTE	
TOTAL DUE	1,201.00

PAID
JUN 4 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

#2 ___ _____ __

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-25-87

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

in a Bell (Vault/Liner) Funeral, date, time MON - 3/30 / 3PM

Church, Chapel, Graveside Graveside ; Bonham-Romona Mortuary.

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

Lot 46 Grave 12 Row ____ Section MAS Division/~~Block~~ S

Grave space & Care Fund E2460-9649 (1947) 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 ____

PAID
MAR 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mrs Lee.

Total Due 35.00

Paid receipt number 34364 35.00

Balance due -0-

I hereby certify I am the Need PB of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 via Phone 3/26 - GWS

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6556

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6556

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Evelyn R. Liljegren	Female	Aug 13, 1892	March 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
Ramona	San Diego	Etta Hohmann-Daughter 3520 Granada Ave. San Diego, CA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Bonham Bros & Lee Mortuary, 321 12th St. Ramona, CA	F568

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 27 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 MAR 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.

№ 34364

OFFICIAL RECEIPT

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

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

Date: 03-30, 1977

From: Etta Hohmann Address: Pl Box 27 Bomona, Ca 92065

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Evelyn R. Tiljegren

Lot 46 Grave 12 Row ____ Section MMS Division Block S

Invoice No. ____

Acct. No. ____

W.O. E 6556

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	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-25-87

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

in a Bell Vault liner Funeral, date, time Tues 3/31 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 103 Grave 2 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 34351	400 00
Balance due	456 00

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

3-25-87 34370 456 00

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.

Gerri L Hacker
Signature of recorded holder of deed

Gerri L. Hacker
Signature
4111 Jewett St.
Address
San Diego Ca. 92103
State Zip Code
262-8594
Telephone

Invoice # ____

Work Order # E 6557

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6557

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KENNETH MARTIN WILSON	Male	May 12, 1961	Mar. 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	Margaret Wilson - Mother 5534 San Onofre 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

- [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 Steel		
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 30 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/31/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, 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

OFFICIAL RECEIPT

№ 34351

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	$	

№ 34370

OFFICIAL RECEIPT

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

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

Date: 03-31, 19 87

From: Margaret Wilson Address: 5534 San Diego Terr. [illegible]

[illegible] Dollars ($ 456.00)

In full Payment of Kenneth Wilson Services

Lot 103 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6557

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	170.00
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	$	456.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Marta Braun

in a Bell Liner (Vault/Liner) Funeral, date, time 3/27/Fri 2 P.M.

Church, Chapel, Graveside Graveside; Lower - Colonial John Mortuary.

All Funeral cars must 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 1174 Grave 2 Row a Section — Division/Block 10

Grave space & Care Fund ..... Purchased C-8780	—
Additional spaces and care fund ..... 1173 for Ernst	—
Opening/Closing & Setup ..... opl	
Burial Container ..... liner ..... Purchased D-5383	
Handling Fees ..... free	
Flower vases – Marker setting fee ..... none	—
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 3/352	35.00
Balance due	0

PAID
MAR 26 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 Ernst Braun
Signature

4211 Utah
Address

S.D.
State Zip Code

Telephone

Work Order # E 6558

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34352

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

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

Date 3/26 87

From: Ernst Braun Address: 4211 - Utah St SD

Dollars ($ 35.00)

In full Payment of Recording fee for Anna Braun-Lee

Lot 1174 Grave — Row — Section — Division — Block 10

Invoice No. —

Acct. No. —

W.O. E-6558

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 Peggy Stott

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6558

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNA MARTA BRAUN	female	Sept 1, 1906	March 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	Ernst H. Braun - husband 4211 Utah San Diego, CA 92104

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: 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: MAR 26 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 MAR 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/87

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

in a T S Vault (Vault/Liner) Funeral, date, time Mon - 3/30 / 11Am

Church, Chapel, Graveside Church + G.S. ; Greenwood Mortuary.

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

Lot 3527 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ... Pm Need D-1476	Pd
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container ... T.S. Comute 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 3435	710.50
Balance due	0

RECEIVED
Will Bruch
[illegible]

MT. HOPE CEMETERY

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 P.A. Jennings
Signature

x 1614 Bellerbacher Dr
Address

x San Diego, Calif. 92114
State Zip Code

x (619) 262-6355
Telephone

Invoice #

Work Order # E 6559

Acct. #

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6559

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Virgie Burke	Female	Feb. 8, 1913	March 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
El Cajon	San Diego	Patricia Jennings-Daughter 1017 Bollenbacher Street San Diego, California 92114

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: MAR 27 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: MAR 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: 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.

34354

№ 3435

OFFICIAL RECEIPT

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

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

Date: 3/26/87, 19

From: P. A. Jennings Address: 1017 Bollenbacher - S. D. 92114

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment fee for Virgie Burke - dec

Lot 3527 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 6559

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 3600

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	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

MOUNT HOPE CEMETERY

E6551 8-7 19 76

The undersigned hereby requests and authorizes the interment of the remains of PATRICIA ANN BURKE in Lot 3527 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Peter J. Burke 2735-L St SD

LOT OWNER

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/87

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

in a Bell Liner (Vault/Liner) Funeral, date, time 12:30 Fri 3/27

Church, Chapel, Graveside Graveside ; Reynolds Mortuary.

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

Lot 45 Grave 10 Row - Section 3 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 34356	35.00
Balance due	-0-

PAID
MAR 27 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.

Lydia Conner
Signature of recorded holder of deed

Lydia Conner
Signature
2477-56th ST
Address
S.D. Ca. 92105
State Zip Code
264-5386
Telephone

Work Order # E 6560

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6559

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ERNESTINE LEE	Female	Sept. 16,1895	Mar.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
El Cajon	San Diego	Lydia Conner - Daughter 2472-56th Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd 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: MAR 27 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: MAR 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 # 408 - Great A[illegible] [illegible] by Lydia Connor 3/27/87

OFFICIAL RECEIPT

№ 34356

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

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

Date: March 27, 1987

From: Lydia Connor Address: 2472 - 56th St

Thirty five dollars and no/100 Dollars ($ 35.00)

In full Payment of Recording fee - Ernestine Lee

Lot 45 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 6560

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 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant Girl Collins

in a none (Vault/Liner) Funeral, date, time 9:30 - Fri - 3/27

Church, Chapel, Graveside Dupoff - ; 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 No .

Lot 105 Grave 3 Row _____ Section 100F Division/Block 43

Grave space & Care Fund	28
Additional spaces and care fund	
Opening/Closing & Setup	45
Burial Container Std 2-0 - NONE	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
Paid receipt number	
Balance due	

#1027417
County P.A.

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

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

Signature of recorded owner of deed

Called by John Mayer

Signature

Address

State Zip Code

Telephone

Invoice # 054817

Acct. # 000952

Work Order # E 6561

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6560

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BABY GIRL COLLINS	FEMALE	March 20,1987	March 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
San Diego	San Diego	Beverly L. Collins - Mother 225 - 54th Street San Diego, CA. 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Ada MS 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 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 26 1987	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 MAR 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 3/26/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet May Hagquist

in a Top Seal Vault (Vault/Liner) Funeral, date, time Mon. 10 Am - 3/30

Church, Chapel, Graveside Abby - Pont G.S. ; Glen Abby Mortuary.

All Funeral cars must 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 528 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pr. need C-5+15	—
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container ... Top Seal Comm. 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	
Balance due	

~~Pr. Ch~~ ~~[illegible]~~ mon 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 Dorothy M. Wall
Signature

Address 358 Quintard St
State Chula Vista, Calif Zip Code 92011
Telephone 420-2098

Invoice # 054820

Acct. # 021415

Work Order # E 6562

PY-683 (REV. 8-85)

05/04/87 Nº 34502

OFFICIAL RECEIPT

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

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

Date: 4/30/87 19

From: Dorothy M. Wall Address: 358 Fairtard St C.V. 92011

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In Full Payment of Invoice for Interment of Violet May Hagwist Doe

Lot 528 Grave Row Section 1 Division Block 8

Invoice No 054820

Acct. No 021415

W.O. E-6562

BALANCE DUE Ø

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

AC-212 (Rev. 11-86) 082-0012739

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

ISSUED BY Georgia Stith

CREDIT	57007	
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	$	710 50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Hagquist USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES 1894 E6562

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Violet May Hagquist	Female	June 9, 1894	March 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	Dorothy Wall-Daughter 358 Quintard Street Chula Vista, California 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Glen Abbey Mort, Bonita Road, Bonita, CA	F-1371

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 27 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/30/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stette	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

E6562

054820 04/03/87 021415	DOROTHY WALL			04/30/87 CK 12739	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			

E6562

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,741.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite McCabe &

in a Ash'd (Vault/Liner) Funeral, date, time 1PM- 4/2 - Thurs

Church, Chapel, Graveside : Humphrey Mortuary.

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

✓ Lot 160 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund D 8265 (1977) 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

PAID
MAR 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

6 Chairs Vault on Top of Board

Total Due 242.40

Paid receipt number 34355 242.40

Balance due -0-

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

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

Signature of recorded holder of deed

Barbara L Stoles
Signature
7817 Quebrada Circle
Address
Carlsbad, CA 92009
State Zip Code
753-5306
Telephone

Invoice # ____

Work Order # E 6563

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 34355

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

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

Date: 03-27, 19 87

From: Barbara Stoke Address: 4517 [illegible] 92117

Two hundred forty two and 40 [illegible] Dollars ($ 242.40)

In full Payment of Marguerite McCabe [illegible]

Lot 160 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E 6563

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	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	—	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E6563

NAME OF [illegible]DENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGUERITE McPHERSON McCABE	Female	07-31-1908	03-26-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Encinitas	San Diego	Barbara L. Stokes (Daughter) 7817 Quebrada Circle Carlsbad, CA 92009

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 3/30/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 30 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/2/87 (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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramos, M.D. CO

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-27-87

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

in a Bell (Vault/Liner) Funeral, date, time Tues 3/31 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 103 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	

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

Willie Lee Wilson
Signature
2419 Martin Ave
Address
San Diego Cal 92113
State Zip Code
232-5246
Telephone

Invoice # 054821

Work Order # E 6564

Acct. # 021416

PY-583 (REV. 8-85)

W.O. NO. E6564

NOTE—STRAIGHT

$ 856.00 San Diego, California, March 27, 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 no/100 — DOLLARS

with interest from April 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 Willie Lee Miller

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

F6564

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Christopher Roots, Jr.	Male	Jan. 18, 1941	March 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	Willie Lee Williams - Mother 3419 Martin Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Bld. 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 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 31 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/31/87 (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		

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

6/4/87 № 34616

OFFICIAL RECEIPT

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

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

Date: 05-27, 19[illegible]

From: Willie Lee Williams Address: 3419 Martin St [illegible]

One hundred and [illegible] Dollars ($ 100.00)

In art Payment of John C. Kaat Jr. service

Lot 103 Grave 11 Row Section 2 Division Block 11

Invoice No. 054821

Acct. No. 021416

W.O. E6564

BALANCE DUE $706.00

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

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

CITY AUDITOR

JUN 4 1987

ISSUED BY B. Jang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 11-86)

CITY TREASURER
SAN DIEGO

7677505/20/87		50.00 INV
05/20/87 7677	5	50.00- CA
05/20/87 7677	5	.00 BA

OFFICIAL RECEIPT

№ 34583

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

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

Date: 05-18-87, 19__

From: Willie Lee William Address: 3419 Marton St. [illegible] Ca 92113

Fifty and no/100 Dollars ($ 50.00)

In Cash Payment of John C. Roots [illegible]

Lot 103 Grave 11 Row ____ Section 2 Division Block 11

Invoice No. 054121

Acct. No. 021416

W.O. E6564

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.

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	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 11-86)

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 021416 INVOICE: 054821 INV DATE: 04 03 87

NAME: WILLIE LEE WILLIAMS

1) 3419 MARTIN STREET 2) _____

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-6564 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 856.00

DESCRIPTION OF CHARGE	AMOUNT
JOHN C. ROOTS, JR SERVICES	
LOT 103, GR 11, SEC 2, DIVN 11	250.00
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
30 DAY NOTE	
TOTAL DUE	856.00

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

#2 ___ _____ __

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

856.00

05-18-87 34583 50.00

806.00

05-27-87 34616 100.00

706.00

06-15-87 706.00

0

E6564

054821 04/03/87 021416	WILLIE LEE WILLIAMS			05/18/87 CA	50.00	856.00	806.00	PARTIAL PAYMENT
	100	072	77181	000072	18.69			
	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			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores L. Garcia in a Bell (Vault/Liner) Funeral, date, time Mon 3/30 2:00 Church, Chapel, Graveside ; Goodbody Mortuary.

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

Lot 704 Grave ____ Row ____ Section ____ Division/~~Block~~ 20

Grave space & Care Fund D-711 (1971)	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	35 00
Sales taxes	6 00
Total Due	606 00
Paid receipt number 34357	606 00
Balance due	-0-

PAID
MAR 27 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

Concepcion Garcia
Signature
P.O. Box 4561
Address
S.Y. CA. 92073
State Zip Code
85 42 20 Tijuana
Telephone

Invoice # ____

Work Order # E 6565

Acct. # ____

PY-593 (REV 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6565

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dolores G. Garcia	Female	Oct. 5, 1905	March 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
Chula Vista	San Diego	Mercedes Contreras 605 W. San Ysidro Blvd. San Ysidro, CA 92072

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mortuary 5027 El Cajon Blvd., San Diego, CA 92115	F-790

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 Rink arlington		
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 27 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/30/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. 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. Ramras, 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

№ 34357

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

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

Date: 03-27, 1987

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 666.00)

In [illegible] Payment of [illegible]

Lot 704 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6565

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	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	$	666.00

AC-212 (Rev. 11-86)

X deep 2nd burial
Caution - X deep is shallow

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-30-87

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

in a TS Vault (Vault / Liner) Funeral, date, time Fri 4/3 10:30

Church, Chapel, Graveside Forest 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 15 Grave 3 Row ____ Section 2 Division/~~Block~~ 5

Grave space & Care Fund X deep E 3337 (1982) 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 34384	710.50
Balance due	0

PAID
APR 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Tom Techentin (213) 362-9200 Wk

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

Thomas L. Techentin
Signature
640 Magnolia Ave
Address
Pasadena, Calif 91106
State Zip Code
Home 818-578-1766
Telephone

Help set up at 10:00

Invoice # ____

Work Order # E 6566

Acct. # ____

PY-593 (REV. 8-85)

Need 12 chairs

Reverand
Donald Jolly
La Jolla Church.

Authorization for
use on file
w/ WO E3337

25 min.

№ 34384

OFFICIAL RECEIPT

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

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

Date: 4/3/87, 19__

From: Thomas Tschentin Address: 640 Magnolia Pasadena Ca 91106

Seven Hundred Ten and 50/100 Dollars ($ 710 50)

In full Payment of Interment of Arthur Tschentin Dec

Lot 15 Grave 3 Row 2 Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. E6566

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.

003430

CITY AUDITOR

APR 10 1987

ISSUED BY Loyen Stott

CREDIT	67007	
20% Sales Care	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)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6565

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ARTHUR H. TECHENTIN	Male	2/15/02 (85)	3/28/87

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Glendale	Los Angeles	Thomas A. Techentin 640 Magnolia Ave. Pasadena, CA 91106

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FOREST LAWN MEMORIAL PARK, GLENDALE	656

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
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 ON THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED APR - 1987	SIGNATURE OF LOCAL REGISTRAR (OR DEPUTY) ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/3 (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

Xdep
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathryn L. Ross in a Bell Vault/Liner Funeral, date, time Mon 4/6 11:00 Church, Chapel, Graveside ; Eagsdale Mortuary.

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

Lot 8 Grave 1 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Xdep E3142 (1982) Planned

Additional spaces and care fund ....

Opening/Closing & Setup 320 00

Burial Container 105 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 34378 606 00

Balance due ____

PAID
APR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Mrs Smith in San Francisco

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6567

Acct. # ____

PY-593 (REV. 8-85)

№ 34378

OFFICIAL RECEIPT

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: Roberta V. Ross Address: [illegible]

Six hundred sixty and [illegible] Dollars ($ 666.00)

In [illegible] Payment of Katherine G. Ross service

Lot 8 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 6567

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	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	$	666.00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6567

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KATHRYN GLORIES ROSS- CAMPBELL	FEMALE	12/20/1916	03/29/1987

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 FRANCISCO	SAN FRANCISCO	Charlesetta Smith (Niece) 35 Park Circle Marin City, CA. 94965

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
OSBORNE'S + 2200 Sutter Street, San Francisco	F 1112

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, 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: 4-2-87	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/6/87 (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: Vital Records, San Francisco; 101 Grove Street, room 105; San Francisco, CA. 94102		

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 03-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregorio T. Grijalva in a Bell (Vault/Liner) Funeral, date, time Fri 4/3 1:00 Church, Chapel, Graveside : Merkley Mortuary.

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

Lot 171 Grave 11 Row ____ Section 1 Division/~~Block~~ 12

PAID
APR 6 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund	395 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Mortuary to Pay →	100 00
Handling Fees Mortuary to Pay →	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes Mortuary to Pay →	6 00
Total Due	1001 00
Paid receipt number 34359	750 00
Balance due	251 00
03-30-87 Due from Mortuary 34386	25 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.

Alma Arroyo
Signature

418 N. 47th ST
Address

San Diego, CA. 92102
State Zip Code

262-9013 or 232-6161
Telephone

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

____
Signature of recorded holder of deed

Invoice # ____

Work Order # E 6568

Acct. # ____

PY-593 (REV. 8-85)

Harry



In REMEMBRANCE

E6568

God hath not promised
Skies always blue,
Flower-strewn pathways
All our lives through;
God hath not promised
Sun without rain,
Joy without sorrow,
Peace without pain.

But God hath promised
Strength for the day,
Rest for the labor,
Light for the way.
Grace for the trials,
Help from above,
Unfailing sympathy
Undying love . . .

In Memory Of

GREGORIO TADDEO GRINSTEAD

March 11, 1967 - March 27, 1987

Native of San Diego, California

FUNERAL SERVICE

Friday, April 3, 1987 - 1:00 P.M.
Merkley-Mitchell Mortuary Chapel
San Diego, California

OFFICIANT

Reverend Harry G. Secker (Retired)
St. Luke's Episcopal Church

ORGANIST

Mary Mc Millen

INTERMENT

Mount Hope Cemetery
San Diego, California

DIRECTORS

Merkley-Mitchell Mortuary
San Diego, California

№ 34386

OFFICIAL RECEIPT

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

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

Date: 04-06, 19 [illegible]

From: Merkley Mitchell Address: 3655 Fifth Ave SD Ca 92103

Two hundred sixty one and no/100 Dollars ($ 2510)

In full Payment of Gregorio T. Grinstead Service

Lot 171 Grave 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 6568

BALANCE DUE 8

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	100 00
Handling Fee	100 77183	145 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID	$	251 00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34359

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

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

Date: 03-30, 19 87

From: Vilma Arroyo Address: 418 N. 43th St. SD Ca 92102

seven hundred fifty and no/100 Dollars ($ 750.00)

In full Payment of Gregorio T. Grinstead Service

Lot 171 Grave 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E6568

BALANCE DUE 0

$45 due from Monterey

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. Gang

CREDIT 20% Sales Care	67007 77184	79.00
80% Sales of Lots	100 77184	316.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	750.00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6568

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GREGORIO TADDEO GRINSTEAD	MALE	MAR 11, 1967	FOUND 3/27/1987

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	VILMA ARROYO, MOTHER 418 NORTH 47TH STREET SAN DIEGO, CA 92102

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 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 30 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 4/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	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.

Set up at Monument (2nd burial)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Mae Macy

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 3/31 11:00

Church, Chapel, Graveside ; Beardsley Mortuary.

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

Lot 26 Grave 1 Row ____ Section 1 Division/Block 11

Grave space & Care Fund X-Deep D3288(1973) Owned

Additional spaces and care fund .....

Opening/Closing & Setup 320 00

Burial Container T.S. Vault (Mortuary W.F.) .....

Handling Fees 170 00

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes .....

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 525 00

Called by Arthur

Paid receipt number 34369 525 00

Balance due -0-

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6569

Acct. # ____

PY-593 (REV. 8-85)

E6569

MOUNT HOPE CEMETERY

March 30, 19 87

The undersigned hereby requests and authorizes the interment of the remains of Dorothy May Macy in Lot 26 Gr 1 Row Sec. 1 Block Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

* Harvey L. McCleary
Signature of relative or legal representative

1003 Moana Dr. San Diego, CA 92107
Address & relationship to deceased or authority to sign authorization

Arthur C. Mitchell
Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 65169

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOROTHY MAY MACY	FEMALE	AUG 6, 1913	MAR 29, 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	NANCY S. MC CLEARY, DAUGHTER 1003 MOANA DRIVE SAN DIEGO, CA 92107

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 92107	F-816

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 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 31 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.

OFFICIAL RECEIPT

№ 34369

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

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

Date: 03-31, 19 87

From: Beardsley-Mitchell Address: 1118 Sunset Cliffs SD Ca 92107

Five hundred twenty five and no/100 Dollars ($ 525.00)

In full Payment of Dorothy May Macy services

Lot 26 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6569

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		
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	525	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

changed to thur- 4/2

Date 03-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnes T. Bluteau THURS

in a T.S. Vault (Vault/Liner) Funeral, date, time ~~Wed.~~ 4/2 1:00

Church, Chapel, Graveside ; Featherngill Mortuary.

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

Lot 1575 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund D-5430 (1975) Planned

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 = 710 50

Paid receipt number 34365

Balance due -0-

PAID
MAR 30 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.

H. T. Bluteau
Signature of recorded holder of deed

Signature ____

Address ____

State ____ Zip Code ____

Telephone ____

Invoice # ____

Work Order # E 6570

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34365

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

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

Date: 03 30, 19 87

From: Hubert F. Blutman Address: 5379 Mojave Ave SD Ca 92115

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

In full Payment of Agnes T. Blutman service

Lot 1575 Grave _____ Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E6570

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	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)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6570

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AGNES T. BLUTEAU	Female	Aug. 18, 1915	Mar. 30, 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	Hubert F. Bluteau -husband 5379 Trojan Ave. 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 Cemetery, 3751 Market St., San Diego, Ca. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a Solid Hardwood - Batesville (Popular)		
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: MAR 31 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 4/2/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Bleeker	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

Property Transfer from:

Date 03-31-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack Smith for Avelon C. Smith

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 383 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 35 00

Sales taxes ..... _____

Total Due 35 00

Paid receipt number 343666 35 00

Balance due -0-

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Issue Deed to: Gene Whately Agency

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

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

_____
Signature of recorded holder of deed

Shawn Elsheikh
Signature
P.O. Box 178
Address
Bonita, Ca 92002
State Zip Code
264-7995
Telephone

Invoice # _____

Work Order # E 6571

Acct. # _____

PY-593 (REV. 8-85)

#11397

F6571

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

8062
7/23/1975

OWNERSHIP AND INTERMENT PRIVILEGES

TO Avelon C. Smith for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3836 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-6073

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

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

12" X 24" flush marker only

R. M. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PY-504

OFFICIAL RECEIPT

№ 34366

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 03-31, 19

From: Rene E. Whatley Agency Address: 651 Third Ave C.V. Ca 92010

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Pres. transfer from Jack Smith for Avelon C. Smith deceased

Lot 3836 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6571

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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

6571

COPY OF

Last Will and Testament

of

AVELON C. SMITH

Dated

May 1, 1979

Original at office of

O. E. Kennedy

1211 S.W. 12th Ave

Portland, Oregon 97205

6571

LAST WILL AND TESTAMENT

OF

AVELON C. SMITH

KNOW ALL MEN BY THESE PRESENTS, That I, AVELON C. SMITH, in the City of Portland, of the County of Multnomah, State of Oregon, being over the age of eighteen years, of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, and after careful consideration do make, publish and declare this to be my Last Will and Testament in the manner and form following, to wit:

FIRST: It is my will and I do order that all my just debts and funeral expenses be duly paid and satisfied as soon as conveniently can be done after my decease.

SECOND: I hereby declare that I am single, and that I have two children, namely:

JACK R. SMITH
QUENTIN C. SMITH

who are now living.

THIRD: I hereby give, devise and bequeath certain items of personal property as follows:

(A) My mink stole unto my sister, GLENN STOCKSTILL;

(B) My white set of dishes unto my sister, DORIS CATER;

(C) My divan and bedroom furniture, one Hummel (a little statue), the dinette set, and two rocking chairs unto JACK R. SMITH;

(D) My gate leg table and two Hummels unto QUENTIN C. SMITH;

6571

(E) My 1967 Ford Falcon unto CLAY R. SMITH;

(F) My piano unto CHRISTOPHER L. SMITH;

(G) My sewing machine unto ROBIN D. SMITH;

(H) All my silverware unto PENNY G. SMITH.

FOURTH: All the rest, residue and remainder of my estate, either real, personal or mixed, of whatsoever kind and nature, and wheresoever situated of which I may die seized, or to which I may be entitled at the time of my death, I hereby give, devise and bequeath unto my sons, JACK R. SMITH and QUENTIN C. SMITH, in equal portions, share and share alike.

FIFTH: I hereby nominate, constitute and appoint my son, JACK R. SMITH, Personal Representative of this, my Last Will and Testament, and as such Personal Representative, he is to serve without bonds or undertaking being required of him.

In the event of the death, inability or refusal of my said son, JACK R. SMITH, to so serve, then and in any such event, I hereby nominate, constitute and appoint my son, QUENTIN C. SMITH, my Personal Representative in his stead, he likewise to serve without bonds or undertaking being required of him.

AND, LASTLY, I hereby revoke all other and former wills, legacies and bequests by me heretofore made, and declare this and no other to be my Last Will and Testament.

IN WITNESS WHEREOF, I, the said AVELON C. SMITH, have set my hand to this will, contained on three pages, including this one, typewritten on one side only, and upon each page I have written my name at Portland, Oregon this 1st day of May, 1979.

/s/ Avelon C. Smith

The above instrument was at the date thereof, signed, sealed, published and declared by the said AVELON C. SMITH as and for her Last Will and Testament, in the presence of us, who, at her request and in her presence, and in the presence of each other, have subscribed our names as witnesses thereto.

/s/ Olywn E. Kennedy Residing at 3705 N.E. 70th
Portland, Oregon

/s/ Michael D. Kennedy Residing at 4405 N.E. 30th
Portland, Oregon

E6571

STATE OF OREGON)
) ss.
County of Multnomah)

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

We, the undersigned, being sworn each for myself, say:

On the date of the foregoing Will of AVELON C. SMITH, in our presence, said AVELON C. SMITH signed the same and declared it to be her Will, whereupon, at her request and in her presence, we attested the will by signing our names thereto.

To the best of my knowledge and belief, the testatrix was, at that time, over the age of eighteen years and of sound mind.

/s/ Michael D. Kennedy

/s/ Olywn E. Kennedy

Subscribed and sworn to by each of the affiants above named this 1st day of May, 1979.

/s/ Vicki D. Lang
Notary Public for Oregon
My commission expires: 12/28/81

E6571

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax — Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby remise, release and forever quitclaim to Gene E. Whatley Agency

the following described real property in the city of San Diego,
County of San Diego, State of California:

Cemetery Lot #3836, Division 10 in Mt. Hope Cemetery
(including 1 vault)

Assessor's parcel No. _____

Executed on February 12, 1987, at San Diego, California
(City and State)

Jack Robert Smith by Gene E Whatley his attorney in fact

Jack Robert Smith by Gene E. Whatley his attorney-in-fact

Survivor of Avelon C. Smith and designated owner of above cemetery lot by rights of her Last Will and Testament (copy attached)

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On February 12th, 1987 ----- before me, the undersigned, a Notary Public in and for said State, personally appeared
----- Gene E. Whatley ----------

_____, known to me to be the person ----- whose name is subscribed to the within instrument and acknowledged that ---he---- executed the same.

WITNESS my hand and official seal.

Signature Sharon A. Elsheikh

OFFICIAL SEAL
SHARON A. ELSHEIKH
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Aug. 30, 1988

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 1-81
QUITCLAIM DEED

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

©1981 WOLCOTTS, INC.

GENE E. WHATLEY AGENCY

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:264-7995

E6571

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 3836, Division 10

in Deed/Certificate number 8062 from Mt. Hope Memorial Park

dated 7/23/75 to:

NEW OWNER

NAME: Gene E. Whatley

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME:

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 583MH

POWER OF ATTORNEY

E6571

KNOW ALL MEN BY THESE PRESENTS: That . . . . . .

Jack R. Smith

. . . . . .

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, whose address is 32nd & Orange Streets, National City, California his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Lot 3836, Division 10

Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, *necessary, or appropriate to be done in and about the premises as fully* to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

Jack Robert Smith
Signature

State of ~~California~~ Oregon)
County of Multnomah) ss.

On October 23, 19 85 before me, the undersigned, a Notary Public in and for said State personally appeared Jack Robert Smith

* *

known to me, to be the person - whose name --- he subscribed to the within instrument, and acknowledged to me that -- he ---- executed the same.

WITNESS my hand and official seal.

E. Hacker
Notary Public in and for said State

My Commission Expires Nov. 17, 1987

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

E6571

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 EVIDENCE ITEMS

POSITION 1 ___ 2 ___ 3 ___

CERTIFIER — CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

USE OF DEATH 4 ___ 5 ___ 6 ___

DECEASED—NAME (First / Middle / Last)	1 Avelon Clark Smith
DATE OF DEATH (month, day, year)	2 August 25, 1985
RACE (White, Black, American Indian, etc. (specify))	3 White
SEX	4 Female
AGE—Last birthday (years)	5a 81
Under 1 year (mos / days)	5b
Under 1 day (hours / min)	5c
DATE OF BIRTH (month, day, year)	6 January 2, 1904
CITY, TOWN OR LOCATION OF DEATH	7a Portland
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7b Providence Medical Center
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 Missouri
CITIZEN OF WHAT COUNTRY	9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10 Divorced
SPOUSE (IF MARRIED, WIDOWED)	11
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	12 no
SOCIAL SECURITY NUMBER	13 493-22-4307
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14a school teacher, retired
KIND OF BUSINESS OR INDUSTRY	14b public schools
RESIDENCE—STATE	15a Oregon
COUNTY	15b Multnomah
CITY, TOWN, OR LOCATION	15c Portland
STREET AND NUMBER OR R.F.D., ZIP	15d 11751 E. Burnside 97216
Inside City Limits (specify yes or no)	15e no
FATHER—NAME (first, middle, last)	16 C.D. Clark
MOTHER—first, middle, last (Maiden Name)	17 Della Irene Norton
INFORMANT—NAME and relationship to deceased	18 Jack R. Smith, Son
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19a Burial
CEMETERY OR CREMATORY—NAME	19b Brainard Cemetery
LOCATION (city or town, state)	19c Portland, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	20a R. C. Vanderhoeven
NAME AND ADDRESS OF FACILITY	20b Gable Funeral Home 225 N.E. 80th Avenue Portland, Oregon 97213

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) [signature]

DATE SIGNED (Mo., Day, Yr.) 21b August 28, 1985

HOUR OF DEATH 21c 9:25 A. M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d GA Caron, MD 8250 N Lombard Portland OR 97203

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a SEP 5 1985

REGISTRAR 22b (Signature) Arthur W. Bloom

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Myocardial failure — Interval between onset and death: 48 ars

DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial infarction — Interval between onset and death: 1-2 days

DUE TO, OR AS A CONSEQUENCE OF (c) CORONARY Artery Disease — Interval between onset and death: yes

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No) 24 no

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 no

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g			

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
COUNTY OF MULTNOMAH

Date SEP 5 1985

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

Arthur W. Bloom
Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

SEAL

CS-82/615

03/31/1987

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11397

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley Agency for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3836, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6571

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

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

Regulation marker 12x24x03

Cemetery Manager

Property Director

PY-564

E6571

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and *encumbrances remaining at the time of sale.*

Signature of Declarant or Agent Determining Tax. Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby remise, release and forever quitclaim to Alwin B. and Ruby Holman

the following described real property in the city of San Diego,
County of San Diego, State of California:

Cemetery Lot #3836, Division I0 in Mount Hope Cemetery
(including 1 vault)

Assessor's parcel No. _____

Executed on June 11, 19 87, at San Diego, California
(City and State)

Gene E. Whatley

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On ---June 11th, 1987 --- before me, the undersigned, a Notary Public in and for said State, personally appeared ---Gene E. Whatley---, known to me to be the person--- whose name --is-- subscribed to the within instrument and acknowledged that ----he---- executed the same.

WITNESS my hand and official seal.

Signature Sharon A. Elsheikh

OFFICIAL SEAL
SHARON A. ELSHEIKH
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Aug. 30, 1988

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

©1981 WOLCOTTS, INC.

George,

F6571

New deed to be made out to

Alwin B. and Ruby Holman.

Refer to receipt #34708 - -

Thanks,

Sharon
Gene Whatley's
office

Prop-
Transfer
from

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-31-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene E. Whatley Agency

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 516 Grave _____ Row _____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 34367	35.00
Balance due	-0-

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Issue Deed to:
Belee & Clara
Gilbert

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

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

_____
Signature of recorded holder of deed

Sharon Elsherlch
Signature

P.O. Box 178
Address

Bonita, Ca 92002
State Zip Code

264-7995
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6572

PY-593 (REV. 8-86)

#11395 + #11396

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

4/24/85
F6572

DEED

Nº 11042

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley Agency for the sum of $ 150.00 (DOLLARS)

LEGAL DESCRIPTION Lots 516 & 517 Section 5, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4987

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 flat marker only

Barbara Lang
Cemetery Manager

Martin Burleson
Property Director

PV-554

516 -

BeLee & Clara

Gilbert

OFFICIAL RECEIPT

№ 34367

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

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

Date: 03-31, 19 87

From: Lane E. Whatley Agency Address: 651 Third Ave C.V. Ca 92010

Thirty-five and no/100 Dollars ($ 35.00)

In full Payment of Thos Transfer from Lane Whatley to Bruce & Clara Gilbert

Lot 516 Grave Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. 56572

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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

E6572

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Gene E. Whatley

hereby remise, release and forever quitclaim to BeLee and Clara Gilbert

the following described real property in the city of San Diego

County of San Diego , State of California:

A single lot described as follows:

Lot 516, Section 5, Division 8 at Mount Hope Cemetery

Assessor's parcel No. _____

Executed on March 12, 19 87, at Chula Vista, California
(City and State)

Gene E Whatley

Gene E. Whatley Agency by Gene E. Whatley

P.O. Box 178

Bonita, CA 92002

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On ----- March 12, 1987 ------ before me, the undersigned, a Notary Public in and for said State, personally appeared

------- Gene E. Whatley ----------

_____, known to me

to be the person ---- whose name is subscribed to the within instrument and acknowledged that ---he------ executed the same.

WITNESS my hand and official seal.

Signature Sharon A. Elsheikh

OFFICIAL SEAL
SHARON A ELSHEIKH
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Aug. 30, 1988

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 1-81
QUITCLAIM DEED

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Prop. Transfer from:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-31-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La Vista Memorial Park

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 65 Grave 6 Row _____ Section MAS Division/~~Block~~ O

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 34368	35 00
Balance due	-0-

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Deed to: Gene E. Whatley

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

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

_____
Signature of recorded holder of deed

Sharon Elsheikh
Signature
P.O. Box 178
Address
Bonita, Ca 92002
State Zip Code
264-7995
Telephone

Invoice # _____

Work Order # E 6573

Acct. # _____

PY-593 (REV. 8-85)

#11394

F6573

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY
STATE
ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Jack M. Matthias
hereby remise, release and forever quitclaim to Gene E. Whatley

the following described real property in the city of San Diego
County of San Diego , State of California:

Lot 65, Grave 6, Masonic Division at Mt. Hope Cemetery

Assessor's parcel No. _____

Executed on March 20, 19 87, at Chula Vista, CA
(City and State)

Jack M. Matthias

Jack M. Matthias, Vice-President
La Vista Memorial Park
P.O. Box 536
National City, CA 92050

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On March 20, 1987 before me, the undersigned, a Notary Public in and for said State, personally appeared Jack M. Matthias

_____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Gloria L Cooper

OFFICIAL SEAL
GLORIA L. COOPER
Notary Public-California
Principal Office In
San Diego County
My Comm. Exp. Oct. 16, 1989

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 1-81
QUITCLAIM DEED

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

©1981 WOLCOTTS, INC

OFFICIAL RECEIPT

№ 34368

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

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

Date: 12-31, 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

[illegible]

Lot 65 Grave 6 Row [illegible] Section [illegible] Division Block 6

Invoice No.

Acct. No.

W.O. E6573

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 [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	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Need help setting Casket at about 12:40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-31-87

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

of Paul J. Dailey

in a Bell Vault/Liner Funeral, date, time Thurs 4/2 1:00

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 67 Grave 5 Row ____ Section 3 Division ~~Block~~ 12

Grave space & Care Fund D-9142 (1978) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup ____

Burial Container ____

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes ____

PAID
MAR 31 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34371 35.00

Balance due 0

Called by John C Lewis

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

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

Signature of recorded holder of deed

Signature Dorothy A Myers

Address 11922 Westend Lane

State Reston Va. Zip Code 22090

Telephone 703-435-6954

Work Order # E 6574

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 34371

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

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

Date: 3/31/87, 19

From: Dorothy A. Meers Address: 11922 Winsterfield - Reston Va - 22090

Thirty five and 00/100 Dollars ($ 35.00)

In full Payment of Rec fee for Paul Scully Interment

Lot 67 Grave 5 Row Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6574

BALANCE DUE —

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

203

AC-212 (Rev. 11-86)

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

ISSUED BY Lorgen Stella

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6574

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PAUL JEREMIAH SCULLY	male	June 18, 1906	March 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	Dorothy A. Myers - daughter 11922 Winstead Lane Reston, VA 22090

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 - 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 Steel #100 N.S.		
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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	APR 1 1987	▶ Donald L. Ramos, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) 4/2/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leonard Keller	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 3/31/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elviena F. Heathers

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 4/3 3:00

Church, Chapel, Graveside : Hemphill's Mortuary.

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

Lot 24 Grave 4 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Single & Care	495 00
Additional spaces and care fund -No-	
Opening/Closing & Setup	320 00
Burial Container Bell Liner	100 00
Handling Fees	145 00
Flower vases - Marker setting fee One - W.O. Issued	15.90
Recording and filing fee	35 00
Sales taxes	6.00
Total Due	1116 90
Paid receipt number 34372	1116 90
Balance due	-0-

PAID
MAR 31 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

Peggy A. Heathers
Signature

6951 Princess View Dr
Address

San Diego CA 92120
State Zip Code

265-2877
Telephone

Work Order # E 6575

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34372

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

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

Date: 3/31/87, 19

From: Peggy Heathers Address: 9472 Fourbank Rd 92123

Eleven Hundred Sixteen 90/100 Dollars ($ 1116 90)

In full Payment of Interment Fee for Edwina Heathers - Lee

Lot 24 Grave 4 Row ~ Section 2 Division 12 Block

Invoice No ~

Acct. No. ~

W.O. E 6575

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 206

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

ISSUED BY Peggy Heathers

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	105	00
155.60	100	Bal 155	60
Handling Fee	77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	~	~
Sales Tax	60101 78390	6	30
TOTAL PAID	$	1116	90

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6575

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWINA J. HEATHERS	Female	10-18-1914	03-31-1987

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	Peggy Heathers (Daughter) 6951 Princess View Drive San Diego, CA 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 655 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 Portical Board flat Chinia		
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 APR 02 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 4/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stotte	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

Here 4/8 Vault

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-01-87

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

in a Ash Vault/Liner Funeral, date, time Thurs 4/9 A4P

Church, Chapel, Graveside Delivery only Featherringill Mortuary.

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

Lot 10 Grave 11 Row _____ Section MAS Division/~~Block~~ M

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

Called by Walter

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6576

Acct. # _____

PY-503 (REV. 8-85)

10/4/MAS/M

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6575

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edith marguerite Long	Fe.	1/2/1900	3/28/1987

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	Preneed, made by self

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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: El Cajon, CA Leneda Crematory, 14065 Old Hiway 80,	DATE CREMATED: 4/5/87	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: APR 2 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Harold A. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/9/87 (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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

(DIP)
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah K McKenzie

in a Bell (Vault/Liner) Funeral, date, time Mon 4/6 11:00

Church, Chapel, Graveside ; Goodbody Mortuary.

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

Lot 919 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund D 2874 (1973)	Pre-need -0-
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 34379	606.00
Balance due	-0-

PAID
APR 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Reginald

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.

Ronald E. McKenzie
Signature of recorded holder of deed

Ronald E. McKenzie
Signature
585 RIATA VALLEY RD
Address
KINGMAN, AZ 86401
State Zip Code
602-757-7294
Telephone

Invoice # _____

Work Order # E 6577

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 34379

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

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

Date: Apr. 2, 1987

From: Ronald McKenzie Address: 585 Rusta Valley Rd Kingman Az 86401

Six hundred six dollars and NO/100 Dollars ($ 606.00)

In full Payment of: Sarah Katherine McKenzie

Lot 919 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6577

BALANCE DUE Ø

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

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

ISSUED BY Dave Lowney

CREDIT 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	6	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 11-86)

Rtg ck #200 of Ronald E McKenzie in amt of $606.00 on Merchant of Kingman Eng.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6577

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SARAH K. McKENZIE	FEMALE	JANUARY 24, 1910	APRIL 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
SAN DIEGO	SAN DIEGO	RAYMOND A. McKENZIE SON 4355 FELTON STREET SAN DIEGO, CALIFORNIA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GOODBODY MORTUARY, 5027 EL CAJON BLVD., SAN DIEGO, CA	F790

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: APR 3 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 APR 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: 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.

Darby Humphrie

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 3, 87

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

in a Bell Vault/Liner Funeral, date, time 1:30/4/6 - Mon

Church, Chapel, Graveside Dropoff ; Humphrie Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . Not Embalmed

Lot 208 Grave 2 Row ~ Section 14 Division/Block 7

Grave space & Care Fund	C-4806-	—
Additional spaces and care fund	210-3-147	now —
Opening/Closing & Setup	other side from	320.00
Burial Container	208 - O.K. by	100.00
Handling Fees	Daughter 4/3/87	145.00
Flower vases - Marker setting fee	Shawn	—
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		606.00
Paid receipt number 34398		606.00
Balance due		-0-

PAID
APR 8 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

s/ Lucille L. Wolde
Signature
PO 1324-1
Address
Darby Montana 59829
State Zip Code
406-821-3883
Telephone

Work Order # E 6578 ✓

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

Lot 210 Gr. 3
exchanged for
original lot -
tree to large
unable to provide
services as
intended

Linda L. Wolde
PO 1324-1
Darby, Montana
59829
406-821-3883

D. Only

1:30 mon

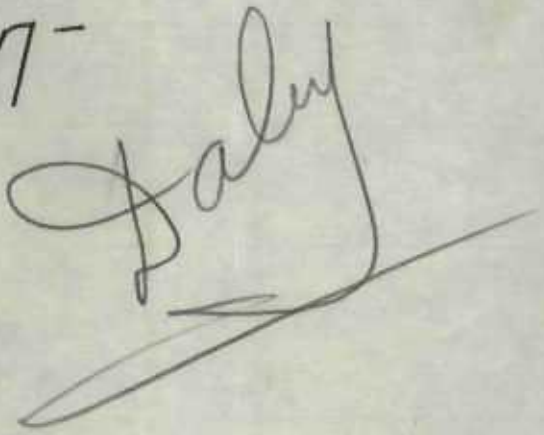
Lot 208 -

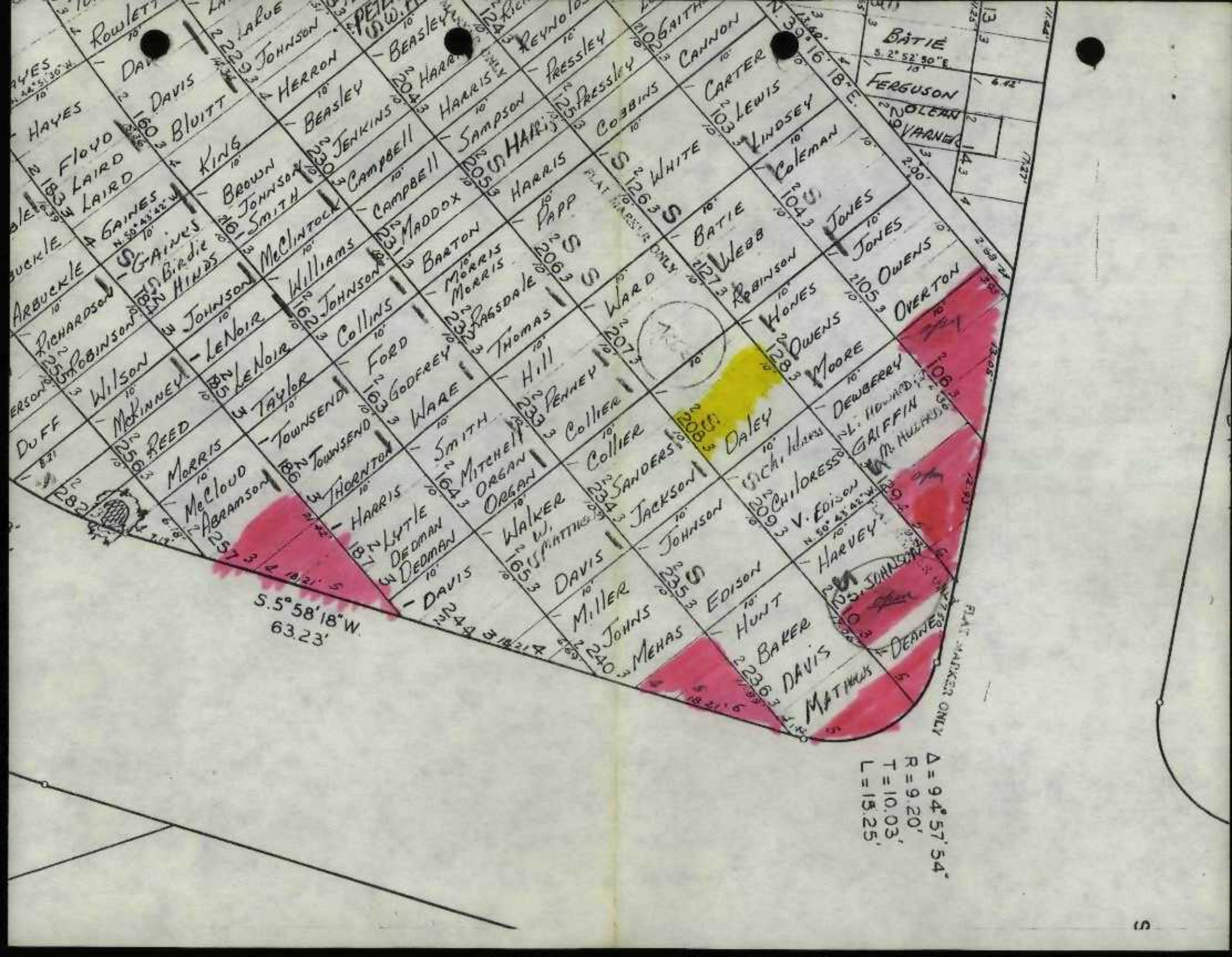
Sp 2 - + 3

14 -

7 -

Daly





Δ = 94° 57' 54"
R = 9.20'
T = 10.03'
L = 15.25'
S. 5° 58' 18" W.
63.23'
FLAT MARKER ONLY
BATIE
FERGUSON
OLEAN
VARNER
S. 2° 52' 50" E
N. 39° 16' 18" E.
HAYES
FLOYD
LAIRD
LAIRD
ARBUCKLE
RICHARDSON
ROBINSON
WILSON
DUFF
MCKINNEY
REED
MORRIS
MCCLOUD
ABRAMSON
ROWLETT
DAVIS
BLUITT
KING
GAINES
GAINES
BIRDIE
HINDS
JOHNSON
LENOIR
LENOIR
TAYLOR
TOWNSEND
TOWNSEND
THORNTON
HARRIS
LYTLE
DEDMAN
DEDMAN
DAVIS
LARUE
JOHNSON
HERRON
BEASLEY
BROWN
JOHNSON
SMITH
MCCLINTOCK
WILLIAMS
JOHNSON
COLLINS
FORD
GODFREY
WARE
SMITH
MITCHELL
ORGAN
ORGAN
WALKER
W. MATTHEWS
DAVIS
MILLER
JOHNS
MEHAS
BEASLEY
JENKINS
CAMPBELL
CAMPBELL
MADDOX
BARTON
MORRIS
MORRIS
RAGSDALE
THOMAS
HILL
PENNEY
COLLIER
COLLIER
SANDERS
JACKSON
JOHNSON
EDISON
HUNT
BAKER
DAVIS
MATHEWS
HARRIS
SAMPSON
HARRIS
HARRIS
PAPP
WARD
DALEY
CHILDRESS
V. EDISON
HARVEY
JOHNSON
DEANE
PRESSLEY
PRESSLEY
COBBINS
WHITE
BATIE
WEBB
ROBINSON
HONES
OWENS
MOORE
DEWBERRY
GRIFFIN
JONES
JONES
OWENS
OVERTON
CANNON
CARTER
LEWIS
LINDSEY
COLEMAN

№ 34398

OFFICIAL RECEIPT

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

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

Date: 04-08, 19 17

From: Lucille L. Wolfe Address: Box 1324-1 Darby, Mt. 59827

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

In full Payment of Lucille L. Haley services

Lot 210 Grave 3 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E6578

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	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)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6578

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUCILLE LOUISE DALEY	Female	May 29, 1902	April 01, 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	Lucille L. Wolde (Daughter) Box 1324-1 Darby, Montana 59829

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: APR 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 APR 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 04-03-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nora D. Gordon + Wife

in a Double Crypt (Vault/Lined) Funeral, date, time 4/20 - Mon 11 Am -

Church, Chapel, Graveside Graveside : Ragsdale Mortuary.

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

Lot 83 Grave 8 Row — Section 16 Division/~~Block~~ 7

Grave space & Care Fund D-493 (1971) Prepaid

Additional spaces and care fund — none —

Opening/Closing & Setup 320 00

Burial Container Double Crypt 330 00

Handling Fees 320 00

Flower vases - Marker setting fee — —

Recording and filing fee 35 00

Sales taxes 19.80

PAID
APR 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 1024.80

Called by Marella

Paid receipt number 34455 1024.80

Balance due -0-

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

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

_____
Signature of recorded holder of deed

Be Ready at 10:30 mr. glen down first

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6579

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 34455

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

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

Date: 4/21/87, 19

From: Anderson-Ragsdale Address: 5050 Federal Blvd - S.D. 92102

One Thousand twenty four and 80/100 Dollars ($ 1024.80)

In full Payment of Interment fees for Nora & Tina Gordon-Dee (Double Crypt-Complete)

Lot 83 Grave 8 Row Section 16 Division Block 7

Invoice No. —

Acct. No. —

W.O. E 6579

BALANCE DUE 0

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

7810

AC-212 (Rev. 11-86)

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

ISSUED BY Geoyen Stetts

CREDIT	67007	—	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	320	00
Handling Fee	100 77183	330	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1024	80

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6579

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NORA ISREAL GORDON	Male	June 18, 1896	Mar. 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	Virgil Gordon - Son 4201 Boston 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 On Bottom	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Blue Arlington	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		3.00	APR 3 1987	▶ Donald G. Ramros, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stette	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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 16578

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Tenna Gordon	Female	June 28, 1905	April 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	Ernest Taylor - Son 1122 North 47th Street San Diego, CA 92102

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

5050 Federal Blvd.
Anderson-Ragsdale Mortuary: 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 SUFFICIENTLY TO IDENTIFY EXACT PLACE AND COUNTY OF DISPOSITION: n/a On Top Blue Arlington Double Funeral		
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: APR 17 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Camras, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/87 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-03-87

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

in a Topseal Vault (Vault/Liner) Funeral, date, time 1 PM Tues - 4/7

Church, Chapel, Graveside Church + GS ; 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 No .

Lot 180 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund E 3546 (1985)	Renewed
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Concrete Vault	175 00
Handling Fees Placing Vault	170 00
Flower vases - Marker setting fee	
Recording and filing fee	25 00
Sales taxes	10 50
Total Due	710 50
Paid receipt number	
Balance due	

30 day note here.

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

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6580

PY-593 (REV. 8-85)

Invoice # 055141

Acct. # 021575

called by daughter Mrs. Johnson

W.O. NO. E 6580

NOTE—STRAIGHT

$ 710.50 San Diego, California, April 6, 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 Seven Hundred Ten and 50/100 DOLLARS

with interest from May 7, 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

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E1,580

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Pauline Jimerson	Female	March 29,1907	Found April 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
San Diego	San Diego	Wanda Johnson - Daughter 442 - 28th 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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 Jr. 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: APR 7 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Comros, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/7 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Wood Chapel Cemetery Lot 1100

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 04/03/87

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 MARCH 1987	$935.00
Recording and filing fee	
Sales taxes	
Total Due	$935.00
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
F-40258
Telephone

Invoice # 055142

Work Order # E 6581

Acct. # 000253

PY-593 (REV. 8-85)

E6581

MARKER INSTALLATIONS FOR MARCH 1987

3/2/87	$160	2x1 Foundation -	COHEE, Cletis L.
"	160	3x1 " -	KILCREASE, Ora E.
3/17/87	125	2x1	HOLMGREN, Clara V.
"	125	2x1	FORD, Reba
"	80	10x20	WOLFE, Ronald D.
"	125	2x1	HOM, Lily
3/23/87	80	10x20	CHURCH, Wm. A.
"	80	10x20	CANALES, Stephanie T.
TOTAL	$ 935		

5/18/87 № 34574

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/14/87, 19

From: Seaman-Poe Address: San Diego

Nine Hundred Thirty five & no/100 Dollars ($ 935.00)

In full Payment of Invoice 055142 -

Monument fees -

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 055142

Acct. No. 000253

W.O. E-6581

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

1492

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	935.00

E1581

E6581

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/18/87

DATE: 05/18/8
TIME: 210103
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
055142	04/15/87	000253	SEAMAN/POE MONUMENT CO					05/14/87	CK	1492	935.00	935.00	0.00
			100	072		77183	000072				935.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/06/87

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 MARCH 1987	$250.00
Recording and filing fee	
Sales taxes	
Total Due	$250.00

Paid receipt number _____

Balance due _____

3/18 2x1 Barney, Lilla $125
" 2x1 Taylor, M. E. 125.
$ 250.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

Resale # F-91479
Telephone#

Invoice # 055143

Work Order # E 6582

Acct. # 006490

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/06/87

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 MARCH 1987	$820.00
Recording and filing fee	
Sales taxes	
Total Due	$820.00
Paid receipt number	
Balance due	

(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

CONTI & SON MONUMENTS
Signature

PO Box 94
Address

San Diego, CA 92112
State Zip Code

Resale # FH-25603192
Telephone

Invoice # 055144

Acct. # 004821

Work Order # E 6583

PY-593 (REV. 8-85)

3/11/87	2x1 Foundation	$160	GRIFFIS, C.
3/16/87	2x1	125	DE CHANNE, C.
"	2x1	125	AMAYA, I.
3/27/87	2x1	125	PLA, James S.
3/26/87	24" x 10" Foundation	160	CAMPBELL, Dorothy
"	2x1	125	SCHERF, F.
		$820	

5/7/87

№ 34512

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 4, 1987

From: Conti & Son Address: S.D.

Eighthundred Twenty and 00/100 Dollars ($ 820.00)

In full Payment of Invoice

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 055144

Acct. No. _____

W.O. E-6583

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86) Ck# 6951

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 7 1987

ISSUED BY Scoze

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	$	820.00

E6583

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E6583

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/07/87

DATE: 05/07/87
TIME: 222021
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
055144	04/15/87	004821	CONTI AND SON MEMORIAL CO					05/05/87	CK	6951	820.00	820.00	0.00
			100	072		77183	000072				820.00		PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of June Elizabeth Damm in a Bell (Vault / Liner) Funeral, date, time Wed. 4/8 10:00 Church, Chapel, Graveside ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 13 Grave 8 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D-5542 (1975) Prepaid

Additional spaces and care fund ____

Opening/Closing & Setup ____

Burial Container ____

Handling Fees ____

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes ____

PAID
APR 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Wynn Bishop

Total Due 35.00

Paid receipt number 34404 35.00

Balance due -0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6584

Acct. # ____

PY-593 (REV. 6-85)

OFFICIAL RECEIPT

№ 34404

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/8/87, 19

From: Rogers Mortuary Address: 4094 University Av - SD 92105

Thirty five and 00/100 Dollars ($ 35.00)

In full Payment of Recording fee for June E. Hamm - dec

Lot 13 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6584

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	67607	
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)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

F6583

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JUNE ELIZABETH HAMM	Female	June 30, 1911	April 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	Merwin Owen - Son 312 Bennett Grass Valley, CA 95945

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 Luther King - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Steel 209a Station Butterdell		
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: APR 7 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Lamas, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/8/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 4/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Prewitt

in a Bell Lever (Vault/Liner) Funeral, date, time ~~Feath~~ 11 Am - Wed - 4/8

Church, Chapel, Graveside Chapel - G.S. ; 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.

Lot 25 Grave 11 Row _____ Section MAS Division/~~Block~~ J

Grave space & Care Fund	Pa heed # 764	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	Lenier Nelson	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 34393	606.00
	Balance due	0

PAID
APR 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will Pay By 4/8 - noon

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 Isla Storton
Signature

5456 Gilbert Dr.
Address

San Diego Calif 92115
State Zip Code

582.2894
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6585

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34393

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/7/87, 19

From: Aslo Storton Address: 5370 Trojan Ave SD 92115

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fees for Bertha Prewitt - due

Lot 25 Grave 11 Row Section MAS Division Block J

Invoice No.

Acct. No.

W.O. E6585

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2041

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George [illegible]

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6584

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BERTHA MILDRED PREWITT	female	Nov. 30, 1900	Apr. 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
San Diego	San Diego	Islo Storton, sister 5456Gilbert Dr. San Diego, California

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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: APR 7 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 4/8 (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.

Need
10 chairs +
help setting casket.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert D. Whitson Sr.

in a TS Vault Vault/Liner Funeral, date, time Wed. 4/8 2:00

Church, Chapel, Graveside : Markley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 186 Grave 1 Row ____ Section 1 Division/~~Block~~ 1

Grave space & Care Fund	Agreed
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container TS Vault exchange	
Handling Fees	170 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	
Total Due	525 00
Paid receipt number 34409	525 00
Balance due	-0-

PAID
APR 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF.

Called by Harry

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6586

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34409

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-08, 1987

From: Merkley-Mitchell Address: 3655 Fifth Ave. 92103

Five hundred twenty five and m/o Dollars ($ 525.00)

In full Payment of Robert D. Whitson, Sr. Service

Lot 186 Grave 1 Row Section 1 Division Block 1

Invoice No.

Acct. No.

W.O. E6586

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	350.00
Burial Containers	100 77182	—
Handling Fee	100 77183	170.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	
TOTAL PAID	$	525.00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6587

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT DOUGLAS WHITSON, SR.	MALE	AUG 28, 1896	APR 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	HELEN C. WHITSON, WIFE 414 SAN REMO WAY SAN DIEGO, CA 92106

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 Batesville Solid Oak – "Fancy"		
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 PERMIT ISSUED APR 07 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 4/8/87 (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

E6587

1888 Alta Mira Place
San Diego 3, California
September 13, 1957

Mount Hope Cemetery
3850 Imperial
San Diego, California

Re: Lots 183, 184, 186 and 187; Secs. 1, Divs. 1 thereof; City of San Diego official receipt No. 9023; Invoice No. 44906, dated May 15, 1957.

Gentlemen:

It is my desire to grant permission to certain of my heirs to inter their remains in the cemetery locations set forth above. Such permission is hereby irrevocably granted to, but not limited to, the members of the following families:

Robert D. Whitson, my son; 186-1-1-1

Robert D. Whitson, Jr., a grandson;

Louis C. Whitson, a grandson;

William Wesley Whitson II, a grandson;

Robert Sheridan Smith, a grandson;

Audrey Diana Smith Grayson, a granddaughter.

Such permission may also be granted by the administrator of my estate, & those whose set out, or any other person nominated by my executor.

Very truly yours,

W. W. Whitson

W. W. Whitson

RD:jr

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn S. Staubach &

in a Asr Vault Vault/Liner Funeral, date, time Thurs. 4/9 4:4P.

Church, Chapel, Graveside Delaney - 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 619 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund C.1756 (1965) 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
APR 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 242.40

Paid receipt number 34387 242.40

Balance due -0-

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

F. W. Staubach
Signature of recorded holder of deed

Fred W. Staubach
Signature
4408 50th St #3
Address
San Diego, Ca 92115
State Zip Code
582-1935
Telephone

Invoice # ____

Work Order # E 6587

Acct. # ____

PY-593 (REV. 8-85)

- Notify When Completed -

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES F6585

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CAROLYN SCHAEDE STAUBACH	Female	09-26-1904	04-01-1987

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	Fred Wm. Staubach (Husband) 4468 50th Street Apt. #3 San Diego, CA 92115

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 4/5/87	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 APR 02 1987 ▶
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald B. Ramos, M.D. Co.		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	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

№ 34387

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 04-06, 19[illegible]

From: Fred W. Staubach Address: 446 [illegible] St. [illegible] 92115

[illegible] Dollars ($ [illegible])

In full Payment of [illegible] & Staubach [illegible]

Lot 619 Grave _____ Row _____ Section 3 Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E6587

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	
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	2.00
TOTAL PAID	$	[illegible]

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornella Hale 1100

in a Double Crypt (Vault/Liner) Funeral date, time Wed - 1:30 - 4/8

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 3669 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ... Pre need D-3905	—
Additional spaces and care fund ... None	—
Opening/Closing & Setup	320 00
Burial Container ... Double Crypt - less 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 34448	525 00
Balance due	499 80

30 day note

Paid 4/7/87

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 James Hale
Signature
X 3894 - National ave
Address
X SD 92113
State Zip Code
X 264-7112
Telephone

Invoice # 055145

Work Order # E 6588

Acct. # 021576

PY-583 (REV. 8-85)

W.O. NO. E6588

NOTE—STRAIGHT

$ 1024.80 San Diego, California, April 6 - 1987, 19

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of One Thousand Twenty four and 80/100 DOLLARS

with interest from May 7, 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 Joan Hall

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Invoice

6/4/87 № 34618

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/27/87, 19

From: D Hale — Address: 3894 National Ave SD 92113

Twenty five — Dollars ($ 25.00)

In cash Payment of ON Invoice Burial Cornelia Hale

Lot 3689 Grave — Row — Section — Division Block 10

Invoice No. 055145

Acct. No. 021576

W.O. E-6588

BALANCE DUE $ 424.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 4 1987

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 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	$	25 00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

AC-212 (Rev. 11-86)

88597

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/04/87

DATE: 06/04/87
TIME: 223051
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
055145	04/15/87	021576	JAMES HALE					05/27/87	CA		25.00	1,024.80	424.80
			100	072		77181	000072				7.81		PARTIAL PAYMENT
			100	072		77182	000072				8.05		
			100	072		77183	000072				8.66		
			60101			78390					0.48		

E-6588

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 25.00

OFFICIAL RECEIPT

№ 34448

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 04-20, 1987

From: James Hale Address: 3894 National Ave SD 92113

Five hundred twenty five and no 100 Dollars ($ 525.00)

In part Payment of Cornelia Hale services

Lot 3669 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 055145

Acct. No. 021576

W.O. E6588

BALANCE DUE $499.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
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	$	525.00

AC-212 (Rev. 11-86)

SAN DIEGO
CITY TREAS.

APR 22 '87

PAID #13

550250 4/22/87	525.00	INVS
04/22/87 5902 5	525.00-	CA
04/22/87 5902 5	.00	BA

ELC58



055145	04/15/87	021576	JAMES HALE			04/20/87 CA	525.00	1,024.80	499.80
			100	072	77181	000072	163.93		PARTIAL PAYMENT
			100	072	77182	000072	169.06		
			100	072	77183	000072	181.86		
			60101		78390		10.15		

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6587

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CORNELIA HALE	Female	Nov. 18, 1914	Apr. 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	James Hale - Husband 3867 Logan 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 #200 Steel-non Sealer	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 Silvertone 200	
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 APR 7 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, Mgr.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/8/87 (ENTER DATE) / SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stotts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DCR 000216

7/10/87 № 34788

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7/7/87, 19

From: James Hale Address: S.D.

Thirty and no/100 Dollars ($ 30.00)

In Part Payment of On burial of wife

Lot 3669 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6588

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 Leonard Stith

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	$	30.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

10/04

№ 35109

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/5/87, 19

From: J. Hale Address: SD

Twenty and no/100 Dollars ($ 20.00)

In Cash Payment of On Statement E-6588

Lot 3669 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6588

BALANCE DUE 307.80

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
OCT 9 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	$	20.00

Credited

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

7/11

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35851

Date: 3-9, 1988

From: James Hale Address: 3894 National Ave, SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Cornelia Hale's Lawn Service

Lot 3669 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 055145

Acct. No. 021596

W.O. E-6586

BALANCE DUE 80.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 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	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 10-87)

1/6

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35483

Date: 1-4, 1988

From: James Hale Address:

Twenty dollars Dollars ($ 20.00)

In Payment of Cornelia Hale's Service

Lot 3669 Grave Row Section Division Block 10

Invoice No. 055145

Acct. No. 021576

W.O. E-6568

BALANCE DUE 249.80

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 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		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

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

2/3

№ 35620

Date: 2-1-, 19 88

From: James Hale Address: 3894 Hatteras Ave, SD 92113

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Cornelia Hale's Invoice

Lot 2669 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. 055145

Acct. No. 0215 16

W.O. E-6566

BALANCE DUE 229.80

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 [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	
Sales Tax	60101 78390	
TOTAL PAID	$	40 —

AC-212 (Rev. 10-87)

5/18/87 № 34568

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-13, 19 87

From: James Hale Address: 3894 National Ave. SD Ca 92113

Fifty and no/100 Dollars ($ 50.00)

In Act Payment of Cornelia Hale Services

Lot 3669 Grave Row Section Division ~~Block~~ 10

Invoice No. 055145

Acct. No. 021376

W.O. E6588

BALANCE DUE $449.88

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY 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		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

E6588

055145 04/15/87 021576	JAMES HALE			05/12/87 CA		50.00	1,024.80	449.80
	100	072	77181	000072		15.61		PARTIAL PAYMENT
	100	072	77182	000072		16.10		
	100	072	77183	000072		17.32		
	60101		78390			0.97		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 985.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 34725

Date: June 22, 19 87

From: James Hale Address: 3894 National Ave SD 92113

Infant five dollars and no/100 Dollars ($ 25.00)

In part Payment of James Hale

Lot 3669 Grave Row Section Division Block 10

Invoice No. 055145

Acct. No. 027376

W.O. E-6588

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

JUN 26 1987

ISSUED BY Dave 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	60101 78390	
TOTAL PAID	$	25 00

9/16

№ 35028

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9/11/87, 19

From: J. Hale Address: S.D.

Twenty and no/100 Dollars ($ 20.00)

In Paidon Ave Payment of Burial of Cornelia Hale (4/8/87)

Lot 3669 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6588

BALANCE DUE 329.80

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

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	$	20.00

AC-212 (Rev. 11-86)

№ 35234

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-3, 1987

From: CORNELIA HALE Address: 3894 NATIONAL AVE. S.D. 92113

Twenty Dollars Dollars ($ 20.00)

In Part Payment of Pre Need Cornelia Hale Service

Lot 3669 Grave Row Section Division Block 10

Invoice No. 055145

Acct. No. 021576

W.O. E-6588

BALANCE DUE $289.00

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

ISSUED BY Bruce Mclean

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	$	20	00

2/12

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35695

Date: 2-9, 1988

From: James Hale Address: 3894 - Helena Ave SD 92113

One hundred sixty - nine 80 Dollars ($ 169.80)

In Payment of Cornelia I Hale's Service

Lot 3669 Grave Row Section Division ~~Block~~ 10

Invoice No. 055145

Acct. No. 021526

W.O. E-6586

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

FEB 16 1988

ISSUED BY Landa Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	169 80

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

4/4

№ 35927

Date 3/28/88 19

From: James Hale Address: 3894 National Av. SD 92113

Twenty Dollars ($ 20.00)

In Part Payment of On account

Lot 3669 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E6588

BALANCE DUE $60.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Loyen Stalto

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Posted

OFFICIAL RECEIPT

4/14

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35990

Date: 4-7 19 86

From: James Hale Address: 3294 National Ave 92113

Dollars ($ 20.00)

In Payment of Cornelia Hale's Services

Lot 3669 Grave Row Section Division 10 Block

Invoice No. D5514

Acct. No. 021576

W.O. E-656

BALANCE DUE 20.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

5/4

№ 36069

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-2 19 88

From: James Hale Address: 3894 Natoma Ave, SD 92113

Twenty Dollars no/100 Dollars ($ 20.00)

In _____ Payment of Cornelia Hale Service

Lot 3669 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 055145

Acct. No. 021576

W.O. E-6500

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
MAY 06 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		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/14/88

DATE: 04/14/88
TIME: 221522
PAGE: 4

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
055145	04/15/87	021576	JAMES HALE					04/07/88	CA		20.00	1,024.80	0.00
			100	072		77181	000072				6.25		PAID IN FULL
						77182	000072				6.44		
											6.93		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ashly-Buckley
L.A.

Date 04-07-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John C. Williams

in a Bell Vault/Liner Funeral, date, time 2 P.M Fri 4/10

Church, Chapel, Graveside Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____

Lot 156 Grave 5 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup Double Depth	320 00
Burial Container 150 00	~~100 00~~
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	1251 00 ~~1201 00~~
Paid receipt number	
Balance due	

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Eloise Williams

Address 103 S Hensley

State San Diego Calif. Zip Code 92113

Telephone

Invoice # ____

Work Order # E 6589

Acct. # ____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale

Date 4/7/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Ruth Long

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 51 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Single + Care	595.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	
Burial Container ..... not arranged for	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 34395 4-7-87	500.00
Balance due	95.00

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

Annie Ruth Long
Signature
5151 Solola Ave
Address
S.D. Ca 92114
State Zip Code

Telephone

Invoice # _____

Work Order # E 6590

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

Credit Sale

№ 34395

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/7/87, 19

From: Annie Ruth Long Address: 5151 Soledad Ave. S.D. 92114

Five hundred & 00 Dollars ($ 500.00)

In Part Payment of Single Interment space with no Cash Value

Lot 51 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E6590

BALANCE DUE 95.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1058

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Georgia Hall

CREDIT	67007	
20% Sales Care	77184	26 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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41471

Date: 11-6-91, 19

From: ANNIE KUTHLONG Address: 5151 SOLOLA AVE, S.D. CA 92114

Ninety-five dollars and xx/100 Dollars ($ 95.00)

In FULL Payment of CREDIT LOT

Lot 51 Grave 8 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E 6590

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W.J. Teague

CREDIT	67007	95 —
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	$	95 —

MT. HOPE CEMETERY

INTERMENT ORDER

Please open back gate

City of San Diego

Date 04-07-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Kreinberg in a TS Vault (Vault/Liner) Funeral, date, time Fri 4/10 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 2364 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	Preneed
Additional spaces and care fund	—
Opening/Closing & Setup	320 00
Burial Container	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	10 50
Total Due	710 50
Paid receipt number	—
Balance due	—

Called by Gary

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: James A. Hubbard

Address: 10222 Del Rio Rd

State: Sp Valley Ca Zip Code

Telephone: 697-1145

Invoice # 055146

Acct. # 021577

Work Order # E 6591

PY-593 (REV. 8-85)

5/7/87

№ 34515

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-05, 1987

From: Janet Hubbard Address: 1022 Del Rio Rd. Sp Valley

Seven hundred ten and 50/100 Dollars ($ 710.50)

In full Payment of Frances Kreinberg services

Lot 2364 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 055146

Acct. No. 021577

W.O. E 6591

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

MAY 7 1987

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	$	710.50

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 65910

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCES MAY KREINBERG	Female	Nov. 24, 1907	April 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
El Cajon	San Diego	Karen S. Wittkopf-Daughter 5595 Marengo Avenue La Mesa, CA 92041

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 Salex – Wooden		
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 APR 9 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 4/10 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgenstetter	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

E6591

05/05/87 CK 1162

055146 04/15/87 021577 JANET HUBBARD

100	072	77181	000072	710.50
100	072	77182	000072	320.00
100	072	77183	000072	175.00
60101		78390		205.00
				10.50

710.50 PAID IN FULL 0.00

E6591

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-08-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Cox

in a Bell Funeral, date, time Fri 4/10 10:00

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 5069 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre need E5706 (#695)	451.00
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
O.S. Lines XX Total Due	1057.00
Paid receipt number 34411	50
	1107.00
Balance due	1107
	0

PAID
APR 9 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]
Signature of recorded holder of deed

[signature]
Signature

Dale Ridgevicar Dr.
Address

CA
State Zip Code

262-2960
Telephone

Invoice # _____

Work Order # E 6592

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34411

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Apr. 9, 19 87

From: Joyce Cox Address: 5215 Sepulveda Blvd No. 7C Culver 90230

Eleven hundred seven dollars and 00/100 Dollars ($ 1107.00)

In full Payment of John Cox services

Lot 5069 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6592

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 Dave Lowney

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	332	00
Opening/ Closing	100 77181	321	00
Burial Containers	100 77182	150	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	$	1107	00

AC-212 (Rev. 11-86)

Pre-need E5706 Pilg ok to 2856 Joyce Cox

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6592

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Willis Cox	Male	June 14, 1921	April 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	Linda J. Cox-Daughter 5215 Sapulveda Boulevard, #7C Culver City, California 90236

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA "XX" Steel Sealer Butterville Going Home		
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 APR 09 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pomeroy, M.D. TS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/10 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John C. Williams

in a Double Crypt (Vault/Liner) Funeral, date, time Fri 4/10 2:00

Church, Chapel, Graveside ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 156 Grave 5 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Double Crypt	330 00
Handling Fees	320 00
Flower vases - Marker setting fee	
Recording and filing fee	25 00
Sales taxes	19 80
Total Due	1619 80

30 Day Note

Paid receipt number ____

Balance due ____

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Edsie Williams
Signature
103 South Hanley
Address
San Diego Calif 92113
State Zip Code
2321980
Telephone

Invoice # 055147

Work Order # E 6593

Acct. # 021578

PY-593 (REV. 8-85)

W.O. NO. E6593

NOTE—STRAIGHT

$ 1619.80 San Diego, California, April 10, 1987

60 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Sixteen hundred nineteen and 80/100 DOLLARS,

with interest from June 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 Elsie Williams

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6593

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN WILLIAMS	MALE	NOVEMBER 29,1922	APRIL 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	MRS. ELSIE WILLIAMS, WIFE 103 SOUTH HENSLEY STREET SAN DIEGO, CALIFORNIA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ASHLEY-GRIGSBY MORTUARY 9920 S. CENTRAL AVE LOS ANGELES, CALIFORNIA 90002	F-586

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 Steel Sealer Batesville	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		
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 APR 08 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/10/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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 313 NORTH FIGUEROA STREET LOS ANGELES,CALIFORNIA 90012		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34606

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 05-25, 1987

From: Elsie Williams Address: 1032 Hensley Salem 92113

Eighty and no/100 Dollars ($ 80.00)

In Cert Payment of John C. Williams services

Lot 156 Grave 5 Row Section 1 Division Block 11

Invoice No. 055147

Acct. No. 021578

W.O. 26593

BALANCE DUE $1329.80

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

5/29/87

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	80.00

AC-212 (Rev. 11-86)

E-6593

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/29/87

DATE: 05/29/87
TIME: 203943
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
055147	04/15/87	021578	ELSIE WILLIAMS					05/25/87	CA		80.00	1,619.80	1,339.80
			100	072		77181	000072				15.80		PARTIAL PAYMENT
			100	072		77182	000072				16.30		
			100	072		77183	000072				17.53		
			100	072		77184	000072				23.51		
			60101			78390					0.98		
			67007			77184					5.88		

5/7/87

№ 34513

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/4/87, 19

From: Elsie Williams Address: 103 So. Hensley S.D 92113

Two Hundred Dollars ($ 200.00)

In Partial Payment of Invoice # 055147

Lot 156 Grave 5 Row Section 1 Division ~~Block~~ 11

Invoice No. 055147

Acct. No. 021578

W.O. E-6593

BALANCE DUE 1419.80

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

Cash

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 7 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	$	200.00

OFFICIAL RECEIPT

Invoice

№ 34682

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/10/87, 19

From: Elsie Williams Address: 103 S. Hensley E.D. 93/13

One hundred twenty dollars and 1/2 Dollars ($ 120 00)

In part Payment of John C Williams

Lot 156 Grave 5 Row Section 1 Division Block 11

Invoice No. 055147

Acct. No. 021578

W.O. E6593

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

JUN 17 1987

ISSUED BY Dave Downey

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77193	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	120 00

055147 04/15/87 021578	ELSIE WILLIAMS			05/05/87 CA		200.00	1,619.80	1,419.80
	100	072	77181	000072		39.51		PARTIAL PAYMEN
	100	072	77182	000072		40.75		
	100	072	77183	000072		43.83		
	100	072	77184	000072		58.77		
	60101		78390			2.44		
	67007		77184			14.70		

E6593

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,730.50

2

55147 04/15/87 021578	ELSIE WILLIAMS			06/24/87 CK 4115		1,219.80	1,619.80	0.00
	100	072	77181	000072		240.98		PAID IN FULL
	100	072	77182	000072		248.51		
	100	072	77183	000072		267.33		
	100	072	77184	000072		358.45		
	60101		76390			14.91		
	67007		77184			89.62		

Mt. Hope ✓

E 6593

Invoice

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 34600

From: Elsie Williams Address: 103 S. Hensley S.D. 92113 Date: 6/10/87 19

One hundred twenty dollars and NO/100

In part Payment of John C Williams Dollars ($ 120.00)

Lot 156 Grave 5 Row Section 1 Division Block 11

Invoice No. 055147

Acct. No. 021578

W.O. E 6593

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

PAID
JUN 9 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Dave 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	60101 78390	
TOTAL PAID	$	120 00

AC-212 (Rev. 11-86)

№ 35070

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-25 1988

From: Elsie Williams Address: 103 S. Hensley SD Dollars ($ 125.00)

One hundred twenty-five 00/ one marker installation fee

In Payment of for John C. Williams

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O.

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

PAID
SEP 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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	125 0
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 0

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Hudson Sr.

in a Bell (Vault/Liner) Funeral, date, time Mon 4/13 2:00

Church, Chapel, Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 15 Grave 4 Row ____ Section 100F Division/Block 3

Grave space & Care Fund D-945 (1944) Pd

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes 6.00

PAID
APR 13 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Wally

Total Due 606.00

Paid receipt number 34422 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 6594

Acct. # ____

PY-583 (REV. 8-86)

Will bring check

№ 34422

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

92243

Date: 04-13, 1987

From: Clarence W. Furbush Jr. Address: 878 El Centro Ave. El Centro Ca

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Clarence Wm Furbush, Jr. services

Lot 15 Grave 4 Row Section 100F Division Block 3

Invoice No.

Acct. No.

W.O. E 6594

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	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)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 65944

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLARENCE WILLIAM FURBISH, SR.	Male	Aug. 25, 1896	Apr. 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	Clarence W. Furbish, Jr. 878 ElCentro Ave. El Centro, Ca. 92243

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: APR 13 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 04-13-87 (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

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Dr. Hollis (and Esther) Pleasant

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ (Via Tyrone) _____ Mortuary.

All Funeral cars must arrive 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 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	Single & Care	595.00
Additional spaces and care fund	Res Sp 3 to end of Sale	
Opening/Closing & Setup	None	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee	Sold now	
Recording and filing fee		
Sales taxes		
Total Due		595.00
Paid receipt number	34417 —	10.00
Balance due		585.00 (over)

Credit Sale —
22 of 26.00 } or more
1 of 13.00 } per page

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signing for

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

Address 860 So. Gregory

State SD Ca 92113 Zip Code

Telephone

Invoice # _____

Work Order # E 6595

Acct. # _____

PY-593 (REV. 8-88)

		585 00
05-07-87	34548 ✓	26 00
		559 00
06-04-87	34648	26 00
		533 00
08-06-87	34898	53 00
		480 00
10-13-87	35155	27 00
		453 00
11-5-87	35251	53 00
		400.00
12-10-87	35418	52.00
		348.00
1-22-88	35591	26.00
		322.00

OFFICIAL RECEIPT Credit Sale

№ 34417

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/10/87, 19

From: Tyrone for Dr Pleasant Address: SD

Ten and no/100 Dollars ($ 10.00)

In Deposit Payment of Credit Sale of grave in Family Plot (Res Sp 3 also)

Lot 22 Grave 4 Row 2 Section -1- Division Block 12

Invoice No. —

Acct. No. —

W.O. E6595

BALANCE DUE 585.00

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	10.00
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	$	10.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34548

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-07, 1987

From: Ester Pleasant Address: 860 So. Gregory SD Ca 92113

Twenty six and no/100 Dollars ($ 26.00)

In part Payment of Preneed lot

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 6595

BALANCE DUE $559.00

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	26	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	$	26	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther) Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ 27.00

Amount Received $ 26.00

NAME Rev. Dr. Hollis (Esther) Pleasant

ADDRESS 860 So Gregory St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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 $ 26.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 27.00

Amount Received $ 26.00

NAME Rev. DR. Hollis + Ester Pleasant

ADDRESS 860 So Gregory St

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34648

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-04, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 26.00)

In part Payment of Preneed Lot

Lot [illegible] Grave 4 Row Section 1 Division Block [illegible]

Invoice No.

Acct. No.

W.O. E6595

BALANCE DUE $533.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	26.00
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	$	26.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34898

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-6, 1987

From: ESTER PLEASANT Address: 860 S. Gregory, San Diego

Fifty-Three Dollars Dollars ($ 53.00)

In Coupon Payment of Credit Sale - Coupons 3, 4.

E-6595

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6595

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 3787

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	53 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	$	53 00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
San Diego, CA 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				XX							

Amount due when paid on or before due date above: 10th $ 26.00

Amount due if paid more than 10 days after due date above: $ 1.00

$ 27.00

Amount Received $27.00

NAME Rev. DR. Hollis & Esther Pleasant

ADDRESS 860 So Gregory St

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-6595

Rev. Dr. Hollis (Esther) Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$

Amount Received $ 26.00

NAME Rev. DR. Hollis + Ester Pleasant

ADDRESS 860 So Gregory St.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

№ 35155

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: [illegible] Address: 860 S. Gregory, SD

[illegible] Dollars ($ 27.00)

In _____ Payment of [illegible] #5 [illegible]

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6595

BALANCE DUE 453.00

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	27	-
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	$	27	-

AC-212 (Rev. 11-86) 3623

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 27.00

NAME Hollis & ESTER Pleasant

ADDRESS 860 So Gregory St.

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

№ 35251

Date: 11-5, 1987

From: HOLLIS LEE PLEASANT Address: 860 S. GREGORY S.D. CA. 92113

Fifty Three Dollars Dollars ($ 53.00)

In Part Payment of Credit Sale, Coupon # 607

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6995

BALANCE DUE 400.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3856

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Mowrin

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	53 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 #022	
Sales Tax	60101 78390	
TOTAL PAID	$	53 00

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. K-6595

Rev. Dr. Hollis (Esther) ~~RE~~
Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$

Amount Enclosed $ 27.00

NAME Rev. Dr. Hollis / Esther Pleasant

ADDRESS 860 So Gregory St.

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-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

NAME Rev. Hollis & Esther Pleasant Amount Received $ 26.00

ADDRESS 860 So Gregory St.

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

№ 35591

Date: 1-22, 1988

From: Hallie Pleasant Address: 860 S. Fresno St, SD 92113

twenty-six dollars no/100 Dollars ($ 26.00)

In _____ Payment of Coupon #10 Credit Lot

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 6-6595

BALANCE DUE 322.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3931

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 27 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	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	$	26	00

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther) KK
Pleasant
860 So. Gregory
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP

Amount due when paid on, or before due date above 10th ▶ $ 26.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 26.00

NAME Rev. Dr. Hollis (Esther) Pleasant

ADDRESS 860 So. Gregory St.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35960

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-4, 1988

From: Ester Pleasant Address: 860 S. Gregory, SD

Twenty-seven no/100 Dollars ($ 27.00)

In _____ Payment of Coupon 11 Receipt

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6595

BALANCE DUE 295.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4011

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 8 1988

ISSUED BY Sandra L. [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	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	$	27	00

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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 — 0th — $ 26.00

Amount due if paid more than 10 days after due date above. — $ 1.00

$

Amount Received $ 27.00

NAME Rev Dr Hollis & Esther Pleasant

ADDRESS 860 So. Gregory St.

CITY San Diego STATE Cal 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

№ 35418

Date: 12-10, 1987

From: Lester Pleasant Address: 860 So. Gregory St. 92113

Fifty-two dollars, 00/100 Dollars ($ 52.00)

In Part Payment of Credit lot sales coupons 8-9

Lot 28 Grave 4 Row — Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6595

BALANCE DUE 348.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3894

AC-212 (Rev. 10-87)

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	52.00
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	$	52.00

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. K-6595

Rev. Dr. Hollis (Esther)XX
Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$

AMOUNT RECEIVED $ 26.00

NAME Hollis & Esther Pleasant

ADDRESS 860 So Gregory St.

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-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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. 10th $ 26.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 26.00

NAME Hollis & Esther Pleasant

ADDRESS 860 So Gregory St.

CITY San Diego STATE Cal ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36138

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-10, 19 88

From: Ester Pleasant Address: 860 S. Gregory, SD 92113

Fifty three no/100 Dollars ($ 53.00)

In Payment of coupon 12 & 13 Credit Lot

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6595

BALANCE DUE 242.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4058

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	53 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	$	53 00

...coupon with each remittance **COUPON** **12**

...NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther)KE
Pleasant
860 So. Gregory
San Diego, CA 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				25							

Amount due when paid on, or before due date above. 10th ▶ $ 26.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 27.00

NAME Rev. Dr. Hollis Esther Pleasant

ADDRESS 860 So Gregory St.

CITY San Diego STATE Cal 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-6595

Rev. Dr. Hollis & Esther Pleasant
860 So. Gregory
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 $ 26.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 26.00

NAME Rev. Dr. Hollis Esther Pleasant

ADDRESS 860 So. Gregory St.

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

No. 36274

Date: 6-8, 19 88

From: Ten Pleasant Address: 860 S. Gregory, SD

Forty-six no/100 Dollars ($ 26.00)

In Payment of Coupon 14 Credit Lot

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6595

BALANCE DUE 216.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4098

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	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	$	26	00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther) Pleasant
860 So. Gregory
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN

Amount due when paid on, or before due date above. 10th $ 26.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Hollis Esther Pleasant

ADDRESS 860 So Gregory St

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

No 36460

Date: 7-26 , 19 88

From: Estie Pleasant Address: 860 S. Gregory, SD 92113

Twenty - Seven Dollars ($ 27.00)

In Payment of Coupon 15 Credit Lot

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6545

BALANCE DUE 189.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4157

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 03 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	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	$	27	00

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Dev. Dr. Hollie & Esther
Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ 27.00

Amount Received $ 27.00

NAME Dr. Hollie & Esther Pleasant

ADDRESS 860 So Gregory St.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36691

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-12, 19 88

From: 1st Pleasant Address: 860 S Gregory, SD CA

Fifty-three no/100 Dollars ($ 53.00)

In Payment of Coupon 16 & 17 Cremat Lot

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. C-6595

BALANCE DUE 136.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4231

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 21 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	53.00
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	$	53.00

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther)XX
Pleasant
860 So. Gregory
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 ▶ $ 26.00

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** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Dev. Dr. Bellis & Esther
Pleasant
860 So. Gregory
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 9th ▶ $ 26.00

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

№ 36876

Date: 10-27, 1988

From: Esther Pleasant Address: 860 S. Gregory, SD 92113

Sixty-three Dollars ($ 53.00)

In _____ Payment of Coupon 18 & 19 Credit Lot

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

CITY AUDITOR
OCT 31 1988

Invoice No. _____

Acct. No. _____

W.O. 8-6595

BALANCE DUE 83.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4274

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	36	00
80% Sales of Lots	100 77184	17	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	$	53	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Alpha (Esther) KE
Pleasant
860 So. Gregory
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. 0th $ 26.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 27.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6395

Dev & Or - Hollie & Esther Pleasant

860 So. Gregory

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 6th ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ 26.00

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

№ 37025

Date: 12-2, 1988

From: Foster Pleasant Address: 8160 S Gregory San Diego Ca 92113

Twenty-six dollars & 00/100 Dollars ($ 26.00)

In part Payment of Credit Sales coupon #20

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No. E-6545

W.O.

BALANCE DUE 57.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4310

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
DEC 9 1988

ISSUED BY Lisa Black

CREDIT	67007	26	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	~~26~~	~~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	$	26	00

Accrued

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Rev. Dr. Hollis (Esther)KE
Pleasant
860 So. Gregory
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 ▶ $ 26.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$

Amount Received $ 36.00

NAME Hollis (Est.) Pleasant

ADDRESS 860 So. Gregory Dr.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 37233

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-18, 1989

From: Esther Pleasant Address: 860 S. Gregory SD CA

Twenty - six ns/100 — Dollars ($ 26.00)

In _____ Payment of Coupon 21 Credit Lot

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6595

BALANCE DUE 31.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4356

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	26.00
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	$	26.00

CITY AUDITOR
JAN 23 1989

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6595

Dev. Dr. Hollis & Esther
Pleasant
860 So. Gregory
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 Oct $ 26.00

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

№ 37698

Date: 4-21, 1989

From: Ester Pleasant Address:

Twenty-seven no/100 Dollars ($ 27.00 sw)

In _____ Payment of Coupon 22 Credit Lot

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-6595

BALANCE DUE 4.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4486

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY: Sandra Chiral

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27.00

CITY AUDITOR
MAY 01 1989

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Eg6595

Rev. Dr. Dollie (Esther)XX
Pleasant
860 So. Gregory
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							✓				

Amount due when paid on, or before, due date above 10th ▶ $ 26.00

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 Pleasant, Rev. Dr. Hollis & Esther ACCT. NO. E-6595

ADDRESS 860 S. Gregory, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 10 87	Lot 22, Grave 4, Section 1, Division 12	595 00		273 00	322 00
4- 88	Coupon 11, Receipt 35960			27 00	295 00
5-10 88	Coupon 12 & 13, Receipt 36138			53 00	242 00
6-8 88	Coupon 14, Receipt 36274			26 00	216 00
7-28 88	Coupon 15, Receipt 36460			27 00	189 00
9-15 88	Coupons 16 & 17, Receipt 36691			53 00	136 00
10-29 88	Coupon 18 & 19, Receipt 36876			53 00	83 00
12-2 88	Coupon 20 Receipt 37025			26 00	57 00
1-18 89	Coupon 21 Receipt 37233			26 00	31 00
4-21 89	Coupon 22, Receipt 37698			27 00	4 00
8-15 89	Coupon 1, Receipt 38429			27 00	(23 00)
	late fees total $32.00				

AIGNER FORM NO. 25-204 Pleasant, Rev Dr, Hollis & Esther 22 - 4 - 1 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38429

Date: 8-15, 1989

From: Estes Pleasant Address: 860 S. Gregory Street SD 92113

Twenty-six dollars Dollars ($ 26.00)

In _____ Payment of Final payment on Credit Lot

Lot 22 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6595

BALANCE DUE —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4597

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 21 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	22	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							✓				

Amount due when paid on, or before, due date above ▶ $ 26.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 26.00

NAME Hollis & Pleasant (Estes)

ADDRESS 860 So Gregory

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

no chairs needed

Date 04-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Herzberg

in a _____ Funeral, date, time Sat. 4/18 2:00

Church, Chapel, Graveside (Vault/Liner) _____ ; 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 203 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund E-1832 (1980)	Prepaid
Additional spaces and care fund Saturday Service	190.00
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker set/placed	
Recording and filing fee	35.00
Sales taxes	
Total Due	$330.00
Paid receipt number 3447	330.00
Balance due	0

PAID
APR 17 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Donald Herzberg

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6596

Acct. # _____

PY-593 (REV. 8-85)

88

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK IN[illegible]AKE NO ALTERATIO[illegible]R ERASURES

10-3-1398 E6595

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Emma Johanna Herzberg	Female	June 9,1898	April 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
Torrance	Los Angeles	Fred Herzberg-Son 23127 Audrey Ave Torrance, CA 90505

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
The Neptune Society of San Pedro	F-1289

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Angeles Abbey Crem 1515 E Compton Blvd Compton CA	DATE CREMATED 4-13-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nora Slawinski
BURIAL AT SEA OR DISPOSITION OTHER 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 APR 10 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/18/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stelter, 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 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

OFFICIAL RECEIPT

№ 34447

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/18/87, 19

From: Donald N Hergbey Address: 23127 Audrey Ave Torrance Calif

Three Hundred Thirty & no/100 Dollars ($ 330.00)

In full Payment of Swimming Pool fee for Emma Hergbey - dec

Lot 203 Grave — Row — Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E6596

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

009827 CITY AUDITOR APR 23 1987

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	165 00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	165 00
Pre-Need Trust	63333 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	330 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 4953

ISSUED BY Peggy Hutt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Have ready by 9:00

Date 04-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John H. Starbird Jr

in a Ash Vault/Liner Funeral, date, time Wed. 4/15 9-11

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 22 Grave 7 Row _____ Section MAS Division/~~Block~~ J

Grave space & Care Fund (1894)	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 34434	242.40
Balance due	-0-

PAID
APR 15 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Kirk Starbird

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

John Tg Starbird
Signature

1600 PULKMUIR, OXNARD
Address

CA. 93035
State Zip Code

805 985 3069
Telephone

Invoice # _____

Work Order # E 6597

Acct. # _____

PY-593 (REV. 8-85)

15 mins

Called by

Kirk Ado Starkid

688 So. Santa Fe #101

L.A. Ca 90021

E6597

MOUNT HOPE CEMETERY

8/13 1973

The undersigned hereby requests and authorizes the interment of the remains of John Hopps Starbird in Lot 22 Gr 7 Row _____ Sec. _____ Block Masonic Division Division J 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.

John H. Starbird
Signature of relative or legal representative

2617 Via Riviera Palos Verdes
Address & relationship to lot owner and/or authority to sign authorization
Est
PVE

Karen Starbird
Witness

Kathleen A. Bacon
Witness

№ 34434

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-15, 19 87

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In full Payment of [illegible]

Lot 22 Grave 7 Row Section Mas Division Block J

Invoice No.

Acct. No.

W.O. E6597

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	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6597 0740

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN HOPPS STARBIRD	Male	April 25, 1915	April 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
Tehachapi	Kern	Kathleen Starbird-Daughter 7257 Balson St. Louis, Missouri 63130

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Wood Family Funeral Service, Tehachapi, CA	1405

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: Greenlawn Southwest Crematoruim, Bksfld, CA	DATE CREMATED: 4-13-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Richard Jones
BURIAL AT SEA OR DISPOSITION OTHER 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: Anita Starbird DATE SIGNED: 4/12/87
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: APR 13 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Leon M. Hebertson, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 4/15/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W Stetler CM	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: Un Vault
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Kern County Health Dept., 1700 Flower Street, Bakersfield, CA 93305		

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 04-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine B. Murray Watson (Bck)

in a Ash Vault/Liner Funeral, date, time Thurs 4/16 10:00

Church, Chapel, Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3 Grave 15 Row ____ Section 3 Division/Block 7

Grave space & Care Fund (1930)	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
Total Due	242 40
Paid receipt number 34420	242.40
Balance due	-0-

PAID
APR 13 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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Melvin D. White Jr
Signature
2455-56th St
Address
San Diego, CA 92105
State Zip Code
619-264-1419
Telephone

Work Order # E 6598

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

№ 34420

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 04-13, 1987

From: Melvin H. White Jr. Address: 3455-56th St. SD, Ca 92105

two hundred forty two and 40/100 — Dollars ($ 242.40)

In full Payment of Katherine R. Murray Watson service

Lot 3 Grave 15 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E 6598

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. Tang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E65978

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KATHERINE B. WATSON	Female	Apr. 5, 1894	Apr. 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	Helvin N. White, nephew 2455 - 56th St. San Diego, Ca. 92105

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 92102		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 4/14/87	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 Cardboard Box in Urn Vault Crem To		
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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	APR 14 1987	▶ Donald L. Ramos, M.D. mm

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/16/87 (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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Duncan

in a Bell (Vault/Liner) Funeral, date, time Thurs. 4/16 2:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 113 Grave 8 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 34421	400.00
Balance due	456.00

30 Day Note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jessie L. Duncan
Signature

5024 Manomet St
Address

San Diego Calif 92115
State Zip Code

262-1107
Telephone

Invoice # 055348

Acct. # 021638

Work Order # E 6599 ✓

PY-593 (REV. 8-85)

W.O. NO. E6599

NOTE—STRAIGHT

$ 456 00 San Diego, California, April 13, 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 and no/100 DOLLARS

with interest from May 15, 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 Jessie R. Duncan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6599

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JESSIE LEE DUNCAN	Male	June 27,1917	Apr. 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	Sue W. Duncan - Wife 2408 Norfork Street National City, California 92050

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 OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: #100 metal N.S. 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: APR 14 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Cameron, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leozen 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

№ 34421

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-12, 1987

From: Jessie L. Duncan Address: 5024 Manomet St SDCA 92113

Cleaves hundred and no/100 Dollars ($ 400.00)

In Part Payment of Jessie Duncan Service

Lot 113 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6599

BALANCE DUE $456.00

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	50	00
20% Sales Care	77184		
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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34604

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/22/87, 19

From: Jessie L Duncan Address: 5024 Manomet / SD

Four Hundred Fifty Six and no/100 Dollars ($ 456.00)

In full Payment of Invoice for Interment of Jessie Duncan Dec

Lot 113 Grave 8 Row Section 2 Division Block 11

Invoice No. 055348

Acct. No. 021638

W.O. E-6599

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

MO - 582
598

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

5/29/87

ISSUED BY George Stetts

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	$	456	00

E-6599

055348 04/22/87 021638	JESSIE L. DUNCAN			05/22/87 CK 224356259		456.00	456.00	0.00
E-6599	100	072	77181	000072		170.00		PAID IN FULL
	100	072	77182	000072		100.00		
	100	072	77183	000072		180.00		
	60101		78390			6.00		

Grave of Eleanor Wood

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

11 AM

Date 04-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Everett W. Fenwick

in a Ash Vault (Vault/Liner) Funeral, date, time Mon. 4/20 ~~AM~~

Church, Chapel, Graveside Drop by ; Claremont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO . 11 AM - No Setup

Lot 59 Grave 12 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund E3813 (1983)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Cremains Vault (Comte)	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 34433	242.40
Balance due	0

PAID
APR 14 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Have Vault on top Plywood

Cumain in Vault

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

Terry L. Fenwick
Signature

3217 TOWSER St.
Address

SAN DIEGO, 92123
State Zip Code

292-0268
Telephone

Invoice # ____

Work Order # E 6600

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 34433

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/14/87, 19

From: Terry Fenwick Address: 3217 Towsend LSD 92123

Two Hundred forty two and 40/100 Dollars ($ 242.40)

In full Payment of Interment or inurnment of

D Everett W Fenwick dec

Lot 59 Grave 12 Row - Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E6600

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2133

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

PERMIT FOR [illegible]OSITION OF [illegible]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6600

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Everett W. Fenwick	Male	Aug. 26, 1920	April 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	Terry Fenwick-Won 3217 Towser Street San Diego, California 92123

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 APR 15 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 ▶ [signature] DATE SIGNED 4-14-1987	
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 APR 14 1987
	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 _____ (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

Pre need lots for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy + Myrtle Allen

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 ____ .

1429 F

Lot 1430 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 2 @ $595 =	$1190.00
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	1190.00
Paid receipt number 34425	50.00
Balance due	1140.00

PAID
MAR 31 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

23 @ $48

1 @ $36

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

2214 Ocanview
Address

SD Ca 92113
State Zip Code

_____
Telephone

Work Order # E 6601

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

05-01-87	34506 ✓	1140 00
		96 00
		1044 00
06-02-87	34632	96 00
		948 00
7-1-87	34761	96 00
		852 00
8-7-87	34909	96 00
		756 00
9-1-87	34976	96 00
		660 00
10-1-87	35081	96 00
		564 00
11-2-87	35220	96 00
		468 00
12-3-87	35353	96.00
		372.00

OFFICIAL RECEIPT

№ 34425

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: Tyrone Brown Address: 1746 Euclid SD Ca 92105

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Preneed lot(s) for

Leroy + Myrtle ~~Brown~~ Allen

Lot 1429 + 1430 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 6601

BALANCE DUE $1140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

№ 34506

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-01, 19 87

From: Leroy Allen Address: 2214 Oceanview Ln [illegible]

Ninety Six and [illegible] Dollars ($ 96.00)

In art Payment of Pre-need Lot (s)

Lot 1429 & 1430 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6601

BALANCE DUE $ 1044.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 13 1987

010493

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	96.00
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	$	96.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 49.00

Amount Received $ 48.00

NAME LeRoy Allen

ADDRESS 2214 Ocean View

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 48.00

NAME LeRoy Allen

ADDRESS 2214 Ocean view

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new add

Credit Sale

OFFICIAL RECEIPT

№ 34632

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/2/87, 19

From: LeRoy & Myrtle Allen Address: 2214 Oceanview SD 92113

Dollars ($ 96.00)

In #3+4 Payment of Credit Sale Coupon #3+4

Lot 142 & 143 Grave Row Section Division Block C

Invoice No.

Acct. No

W.O. E-6601

BALANCE DUE ~~$96.00~~

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 Hoff

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	96	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	$	96	00

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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. 10th $ 48.00

Amount due if paid more than 10 days after due date above. $ 1.00

Cash $ 48.00
Bill

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-6601

Leroy & Myrtle Allen
2214 Oceanview
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 $ 48.00

Amount due if paid more than 19 days after due date above. $ 1.00

Cash $ 48.00
Bill

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34761

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-1, 1987

From: Leroy Allen Address: 2214 Oceanview

Ninety Six Dollars ($ 96 —)

In _____ Payment of Coupons 5 & 6 Credit Lot

Lot 1429 & 1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

BALANCE DUE 852 —

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	96	—
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	$	96	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

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-6601

Leroy & Myrtle Allen
2214 Oceanview
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. 0th ▶ $ 48.00

Amount due if paid more than 19 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34909

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-7, 1987

From: Leroy Allen Address: 2214 Oceanview, San Diego

ninetysix Dollars Dollars ($ 96.00)

In Coupon Payment of Credit Sale - Coupons 7 & 8

E-6601

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No ____

W.O. E-6601

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 JD

CREDIT	67007	
20% Sales Care	77184	96 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	96 00

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 $ 48.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

8/3 48 or Cash

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-6601

Leroy & Myrtle Allen
2214 Oceanview
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 $ 48.00

Amount due if paid more than 10 days after due date above. $ 1.00

8/3 - 48.00 cash $

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35081

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 12-1, 19 87

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 96.00)

In Payment of [illegible]

Lot 1429 & 1452 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6601

BALANCE DUE $64.00

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 [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	96 —
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	$	96 —

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

cash $ 48.00

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-6601

Leroy & Myrtle Allen
2214 Oceanview
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: 8th $ 48.00

Amount due if paid more than 10 days after due date above: $ 1.00

Cash $ 48.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35220

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-2 , 19

From: Leroy Allen Address: 2214 Evan View

Dollars ($ 96.00)

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6601

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	96 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	96 00

or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 Oct $ 48.00

Amount due if paid more than 19 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-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

48 ea
each

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34976

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-1, 1987

From: [illegible] Address: 2214 [illegible] Blvd 92113

Ninety-six 00/ Dollars ($ 96.00)

In _____ Payment of Coupon 7810 Credit Lot Sale

Lot 1429 & 1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6601

BALANCE DUE $660.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	96.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	96.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 10th ▶ $ 48.00

Amount due if paid more than 10 days after due date above, 1.- de ▶ $ 1.00

$

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-6601

Leroy & Myrtle Allen
2214 Oceanview
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. $ 48.00

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

№ 35479

Date: 1-4, 1987

From: Vera Allen Address: 2214 Greenview, SD
Mexico Ex

Dollars ($ 96.00)

In _____ Payment of Coupon 17 & 18 Credit Lot

Lot 1429 & 1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

BALANCE DUE 276.00

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 06 1988

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	96	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 11185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	96	—

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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. Feb ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35618

Date: 2-1 19 88

From: Leroy Allen Address: 2214 Overview Rd
Ninety-six Dollars ($ 96.00)

In _____ Payment of Coupon 19 & 20 Credit Lot

Lot 1429 & 1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

BALANCE DUE 180.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 03 1988

ISSUED BY Sandy Wood

CREDIT 20% Sales Care	67007 77184	58.00
80% Sales of Lots	100 77184	38.00
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	$	96.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 ▶ $ 48.00

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 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 Oct 10 $ 48.00

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

№ 35782

Date: 3-1, 1988

From: Leroy Allen Address: 2214 Oceanview, SD

Ninety-six 00/100 Dollars ($ 96.00)

In _____ Payment of Coupon 21 & 22 Credit Lot

Lot 1129 & 1130 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

BALANCE DUE 84.00

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 03 1988

ISSUED BY [signature]

CREDIT	67007	96.00
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	$	96.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 AUG 10 $ 48.00

Amount due if paid more than 10 days after due date above $ 1.00

Cash $

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
San Diego, CA 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				20							

Amount due when paid on or before due date above: 10 $ 48.00

Amount due if paid more than 19 days after due date above: $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

NAME ALLEN, LEROY & MYRTLE ACCT. NO. E-6601

ADDRESS 2214 Oceanview, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 14	87	Lot 1429 & 1430, Division 10	1190 00		818 00	372
1-4	88	Coupon # 17 & 18 - Cash			96 00	276
2-1	88	Coupon # 19 & 2 - Cash Receipt #35618			96 00	180
3-1	88	Coupon #21 & 22, Receipt # 35782			96 00	84 00
3-31	88	Coupon # 23 & 24 Receipt 35945			84 00	-0-

OFFICIAL RECEIPT

№ 35945

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-31, 1988

From: Leroy Allen Address: 2214 Oceanview, SD 92113

Eighty four no/100 Dollars ($ 84.00)

In _____ Payment of Coupon 23 & 24 Credit Lot

Lot 1429/1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

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 1988

ISSUED BY Sandra Ward

CREDIT	67007	84	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	$	84	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
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 10th date above ▶ $ 36.00 ~~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 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview
San Diego, CA 92113

36
48
$84.00

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. FEB 10 $ 48.00

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

№ 35353

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1987

From: Leroy Allen Address: 2214 Oceanview, SD
[illegible] Dollars ($ 96.00)

In _____ Payment of Coupon 15 & 16 Credit Lot

Lot 1429 & 1430 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6601

BALANCE DUE 372.00

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	96.00
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	$	96.00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6601

Leroy & Myrtle Allen
2214 Oceanview.
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 6th $ 48.00

Amount due if paid more than 10 days after due date above $ 1.00

12/2/87 48/00

$

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. 2-6601

Leroy & Myrtle Allen
2214 Oceanview
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 10th ▶ $ 48.00

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 4/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Turner

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 11Am 4/16

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 45 Grave -1- Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund — No	
Opening/Closing & Setup	320.00
Burial Container Oconto Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number	
Balance due	

30 Day note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Patricia Halliday
Signature
817 E 1a St # B204
Address
National City 92050
State Zip Code
266-0612
Telephone

Invoice # 055347

Acct. # 021631

Work Order # E 6602

PY-593 (REV. 8-85)

W.O. NO. E-6602

NOTE—STRAIGHT

$ 960 50/100 San Diego, California, April 15, 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 May 16, 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 Patricia Holliday

817 Eta St. #3204 National City 92050

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6602

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Rosine Turner	Female	Dec. 8, 1910	April 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	Patricia Holiday - Daughter 817 Eta St. Apt. 3204 XXXXXX National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mo-rtuary 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 Way		COUNTY San 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 Metal #100		
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 APR 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 4/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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

Preneed Trust Deposit for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ayn Victoria & Randy Maples

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 3 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	Preneed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $320 =	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	
Total Due	1360.00
Paid receipt number 34437 ✓	336.00
Balance due	1024.00

I hereby certify I am the see E6709 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 _____

PNT for single only per attached

apply to E6709

Invoice # _____ (over)

Work Order # E 6603

Acct. # _____

PY-593 (REV. 8-85)

— See E6709 - 6-5-87

Original instructions were vague and it appeared this was to be double depth - however, the check from the Maples for $336.00 was only to apply towards a single burst of $606 for Joseph Tate - correction made on new WO E6709 6-5-87

66003

P. O. Box 337
Hydesville, Calif.
April 13, 1987

Mount Hope Cemetary
Barbara Lang:

Enclosed is a check from my sister, and her husband. It is to start a Pre-paid Trust on Lot 19, Grave 3, Sec. 4, Div. 6.

I know I still have a balance to pay on grave (2). But this is to be applied to grave (3).

Please send a receipt to me.

Very Sincerely

Martha Walsdorf

Martha Walashek
P.O. Box 637
Hydesville, Cal.





F 6603

Attn. Barbara Lang
Mount Hope Cemetery
3751 - Martin L. King Way
~~San Diego~~, Calif. 92102

((6603

Renewed Trust Deposit for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ayn Victoria + Randy Maples

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 3 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	Renewed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $320 =	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	
Total Due	1360.00
Paid receipt number 34437	336.00
Balance due	1024.00

S/B Single depth lever only

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6603

Acct. # _____

PY-593 (REV. 9-85)

6603

P.O. Box 637
Hydesville, Calif.
June 1, 1987

Mount Hope Cemetery
Barbara Lang:

Enclosed is a money order for the Preneed Trust. Lot 19 - Grave 3 - Sec. 4 - Div. 6, For Joseph Tate.

The balance should be $170.00 after this money order.

Randy Maples' check for $336.00 was for this Trust.

Very Sincerely

Martha Walaskek

THE CITY OF
SAN DIEGO

E6603

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

04/23/1987

Martha Walashek
PO Box 637
Hydesville, CA 95547

Dear Mrs. Walashek:

On April 16, 1987 Receipt #34441 (enclosed) completed payment of $606.00 into the Preneed Trust Fund at Mt. Hope Cemetery. This covers Opening & Closing $320., (1) Concrete Liner $100., (1) Handling Fee $145, Tax on the Liner $6.00 and (1) Recording Fee of $35.00.

I am enclosing (2) business cards of Monument Dealers as you requested.

Our records show that Lot(s) 19, Graves 2 & 3, Section 4 Division 6 are owned by Martha Walashek (yourself) and I. Pat Novelo, purchased January 14, 1985. Each lot has the authorization for Daniel Tate or Joseph Tate. Is this information still up-to-date? The confusion comes with the deposit you sent for Ayn Victoria and Randy Maples for grave 3. (receipt enclosed). If the deposit is for a double burial, the charges are as shown as on the copy E-6603 also attached. If you are changing authorization for use of the lots, please fill out and return the enclosed authorization copies.

Please advise. Your preneed trust deposit covers a single burial, I have written Ayn Victoria and Randy Maples as a double burial assuming more than one.

Thank you for your attention in this matter.

Sincerely,

Barbara Lang

Barbara Lang
Administrative Aide II

cc: file

MT. HOPE CEMETERY

INTERMENT ORDER

Credit Sale of Space

City of San Diego

No Contract no Book

Date 4/16/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herman Earl Kirk

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army.

Lot 2380 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Single & Care 595.00
Additional spaces and care fund	no
Opening/Closing & Setup	
Burial Container	not included
Handling Fees	
Flower vases, Markers	
Recording and filing fee	
Sales taxes	

PAID JUN 24 1987 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

4-16-87

Total Due 595.00

Paid receipt number 34442 50.00

Balance due E-6757 545.00

I hereby certify I am the ~~wife~~ 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

Rosalind P. Kirk
Signature
2775 Normandell
Address
La Mesa CA 92041
State Zip Code
465-4889
Telephone

Work Order # E 6604

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34738

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: June 25, 1987

From: Curtis V Kirk Address: P.O. Box 90529 SD 92109

Five hundred forty-five dollars and 00/100 Dollars ($ 545.00)

In full Payment of Herman Earl Kirk

Lot 2380 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6604

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 Dave Lowrey

CREDIT	67007		
20% Sales Cars	77184	119	-
80% Sales of Lots	100 77184	426	-
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	$	545	00

ck # 230

OFFICIAL RECEIPT

Credit Sale

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 34442

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 4/16, 19 87

From: Rosalind Kirk Address: 4775 Normandie La Mesa 92041

Fifty Dollars ($ 50.00)

In Deposit Payment of Grave for Herman Earl Kirk

Lot 2380 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-6604

BALANCE DUE 545.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 3301

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Georgia Ellis

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed
Trust Deposit
for:

Date 04-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerri A. Burbank

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 71 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Preneed
Additional spaces and care fund	—
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	606 00
Paid receipt number 34443	606 00
Balance due	-0-

PAID
APR 16 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 Jerri Burbank

Address 7495 Oakbrook Rd 51

State La Mesa, Ca Zip Code 92042

Telephone 463-3744

Invoice # _____

Work Order # E 6605

Acct. # _____

PY-593 (REV. 8-85)

PNT

OFFICIAL RECEIPT

№ 34443

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#51

Date: 04-16, 1987

From: Geri Burbank Address: 7495 Oakland Rd, Lamesa 92041

Six hundred six and no/100 — Dollars ($ 606.00)

In full Payment of Preneed Trust Deposit

Lot 71 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6605

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	606.00
Sales Tax	60101 78390	
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Property Transfer from: Date 04-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude A. Robertson

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 250 Grave 1 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35 00

Sales taxes .....

PAID
APR 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35 00

Paid receipt number 34445 35 00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

To: Irene Sytera
Signature
3915 Cowles Mt Rd
Address
La Mesa, Ca 92041
City Zip Code

Telephone

Invoice # _____

Work Order # E 6606

Acct. # _____

PY-593 (REV. 8-85)

#11401

legal typed

OFFICIAL RECEIPT

№ 34445

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-16, 19 87

From: [illegible] Assoc. Address: 644 [illegible] Chula Vista [illegible]

Thirty five and [illegible] Dollars ($ 35.00)

In full Payment of Prop. Transfer from [illegible] Robertson to [illegible]

Lot 250 Grave 1 Row Section 11 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 6606

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	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

Transfer: 6606

Grave 1
Lot 250
Section 11
Division 7

From:

Gertrude A. Robertson
3551 M Street
Merced, CA 95348

To:

Irene Sutera
5915 Cowles Mt. Road
La Mesa, CA 92041

6606

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

11/7/1958

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gertrude A. Robertson for the sum of $ 90.00 (DOLLARS)

LEGAL DESCRIPTION Lot 250, Grave 1, Section 11, Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER B-3989

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

Rudell L. Taylor
Cemetery Manager

Leo B. Calland
Park and Recreation Director

POWER OF ATTORNEY 66006

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *Gertrude A. Robertson*

_____, the undersigned

(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

_____

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 250
Grave 1
Section 11
Division 7
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 11 day of September, 1986.

Gertrude A. Robertson

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this 11 day of September, in the year 19 86, before me, the undersigned, a Notary Public in and for said State, personally appeared Gertrude A Robertson

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

Stephanie M. Napier
Notary Public in and for said State.

OFFICIAL SEAL
STEPHANIE M. NAPIER
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. May 21, 1990

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/16/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hortense & B.J. Davidson

in a _____ Vault/Liner Funeral date/time Credit Sale

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 WW1.

Lot 50 Grave 10 Row ~ Section 2 Division/Block 11

Grave space & Care Fund WW1-	495.00
Additional spaces and care fund Res. Sp 9 till end of this	
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 34446	10.00
Balance due	485.00

Note Inc

Gwd

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6607

Acct. # _____

PY-593 (REV. 8-86)

Mailed book 4-20-87

485.00

34653 – 6/4/87 –		21.00
		464.00
34818 – 7/15/87		41.00
		423.00
24981 - 9/2/87		20.00
		403.00
9/23/87	35067	20.00
		383.00
10-6-87	35011	20.00
		363.00
11-3-87	35238	20.00
		343.00
12-7-87	35381	20.00
		323.00

№ 34446

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 16/apr, 1987

From: Hortense Davidson Address: 6768 Mallard - SD 92114

Ten and no/100 Dollars ($ 10.00)

In Deposit Payment of Credit Sale -

Lot 50 Grave 10 Row - Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6607

BALANCE DUE 485.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	—
80% Sales of Lots	100 77184	10.00
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	$	10.00

AC-212 (Rev. 11-86)

Credit Sale

OFFICIAL RECEIPT

№ 34653

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/4/87, 19__

From: L. B. Davidson Address: ~~10268~~ M 6528 - Millar St

Dollars ($ 21.00)

In _____ Payment of Credit Sale Payment

Lot 50 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F 6607

BALANCE DUE 464.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5277

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Georgia Stitt

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

No Coupon Logged

№ 35067

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-23, 1987

From: [illegible] Address: 6768 Mallard, SD

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 50 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6607

BALANCE DUE 383.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

136907 [illegible]

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	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B.J. Davidson
6768 Hallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				X							

Amount due when paid on or before, due date above: 0th ▶ $ 20.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$

Amount Received $

NAME Hortense Davidson

ADDRESS 6768 Hallard St

CITY San Diego ZIP 92114

☒ check (✓) if this is new address

№ 34818

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-15, 19 87

From: Antoine Davidson Address: 6768 Mallard Street

Forty-One Dollars ($ 41.00)

In Payment of Coupon 1 & 3 Credit Lot

Lot 50 Grave 10 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6607

BALANCE DUE 423.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

13109147 & 13200307

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lendy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41 —
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	$	41 —

№ 35111

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-6, 1987

From: Eloise Davidson Address: 6768 Mallard St, SD 92114

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Credit Lot Sale

Lot 50 Grave 10 Row _____ Section 2 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6607

BALANCE DUE 263.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

14088999

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	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B.J. Davidson
6768 Mallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				X							

Amount due when paid on, or before due date above. th ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 20.00

NAME Mr L D Davidson Esq

ADDRESS 6768 Mallard St

CITY San Diego STATE Calif ZIP 92114

Check for 1st time new address

Bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B. J. Davidson
6768 Mallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				X							

Amount due when paid on or before due date above 10th — $ 20.00

Amount due if paid more than 10 days after due date above — $ 1.00

$ 21.00

Amount Received $ 21.00

NAME Hortense & Davidson

ADDRESS 6768 Mallard St.

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

OFFICIAL RECEIPT

No 35238

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-3, 1987

From: HORTENSE & B.J. DAVIDSON Address: 6768 MALLARD ST. S.D. 92114

Twenty Dollars Dollars ($ 20.00)

In Part Payment of Credit Sales Coupon # 11

Lot 50 Grave 10 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6607

BALANCE DUE 243.00

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 Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	20 00

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B.J. Davidson
6768 Mallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
9	1			X							

Amount due when paid on or before, due date above. 1th $ 20.00

Amount due if paid more than 10 days after due date above $ 1.00

11 mo

$ 20.00

Amount Received

NAME L B Davidson

ADDRESS 6768 Mallard St

CITY SD CA 92114 STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34981

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-3, 1987

From: Hartman Davidson Address: 6768 Mallard, SD 92114

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #9 Credit Ckt

Lot 50 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6607

BALANCE DUE 403.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

B69955

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	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & L.J. Davidson
6768 Mallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
9	1	1	1	X	1						

Amount due when paid on, or before, due date above: 0th ▶ $ 20.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

Money Order

NAME Mr & Mrs L.B. Davidson

ADDRESS 6768 Mallard St

CITY San Diego STATE Calif ZIP 92114

☐ 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

№ 35501

Date: 1-6, 1988

From: Hortense Davidson Address: 6768 Mallard St, SD 92114

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon #73 Credit Lot

Lot 50 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6607

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

15052773

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 11 1988

ISSUED BY Andra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B.J. Davidson
6768 Mallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
9	1			2							

Amount due when paid on or before, due date above. 9th ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 20.00

Amount Received

NAME LB Davidson

ADDRESS 6768 Mallard St

CITY San Diego CA 92114 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

№ 35636

Date: 2-3, 1988

From: Hortense Dawson Address: 6768 Mallard St SD

Twenty dollars 00/100 Dollars ($ 20.00)

In _____ Payment of Coupon #14 Credit Lot

Lot 50 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6607

BALANCE DUE 183.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1503399

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 05 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

P.O. BOX 7666
CHICAGO, IL 60680

REV. 3-84

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6689

Hortense & B.J. Davidson
6768 Hallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				X							

Amount due when paid on, or before, due date above. 10th ▶ $ $20.00

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

Posted by Dave

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36015

Date: April 14, 1988

From: Hortense Davidson Address: 6768 Mallard St.

Twenty dollars and no/100 Dollars ($ 20.00)

In Part Payment of L.B. Davidson

Lot 50 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6607

BALANCE DUE $163.00

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

APR 19 1988

ISSUED BY Dave Lowrey

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

№ 35381

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-7, 1987

From: HORTENSE & B.J. DAVIDSON Address: 6768 MALLARD ST. SAN DIEGO, CA 92114

TWENTY-DOLLARS & 00/100 Dollars ($ 20.00)

In PART Payment of PRE-NEED CREDIT SALE COUPON #12

Lot 50 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6607

BALANCE DUE 223.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

M.O. # S-14568497

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	NCB ~~20 00~~
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 41309

Date: 10-2, 1991

From: Hortense Davidson Address: 6788 Mallard, SD 92114

Forty Dollars no/100 Dollars ($ 40.00)

In _____ Payment of Credit Lot

Lot 50 Grave 10 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6607

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 J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	40	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	$	40	00

AC-212 (Rev. 10-87)

219

CHICAGO 3, ILLINOIS
PRINTED IN U.S.A. BY RAND McNALLY REV 3-54

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6607

Hortense & B.J. Davidson
6768 Hallard St.
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				X							

Amount due when paid on or before due date above: 10th $ $20.00

Amount due if paid more than ~~10~~ days after due date above: $ 1.00

$ 20.00 Amount Received

NAME L & B Davidson

ADDRESS 6768 Hallard St

CITY San Diego STATE CA ZIP 92114

Check (✓) if this is new address

Thur 11AM -

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John E. Davis

in a Double Crypt (Vault/Liner) Funeral, date, time Thur - 11 Am - 4/23

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 4737 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund for Double Crypt & care	695.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1719.80
Paid receipt number 24456	1719.80
Balance due	-0-

By funeral Time

PAID
APR 21 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

Katerree L. Davis
Signature

235 Latimer St
Address

Ca. 92114
State Zip Code

262-2970
Telephone

Invoice #

Acct. #

Work Order # E 6608

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6608

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOHN EARL DAVIS	Male	April 23, 1945	April 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	Lateree Davis - Wife 235 Latimer Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. San Diego, California: Anderson-Riggsdale Mort.	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: APR 23 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 34456

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-21, 19 87

From: Katey Davis Address: 235 Latimer St. S.D. Ca 92114

Seventeen hundred nineteen and 80/100 Dollars ($ 1719.80)

In full Payment of John E. Davis Service

Lot 4737 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6608

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	139	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77183	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1719	80

AC-212 (Rev. 11-86)

Ready at 9:45
P.B.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fay P. Sabransky

in a Vault (Vault/Liner) Funeral, date, time Thur - 10 Am 4/23

Church, Chapel, Graveside Graveside ; Unley - Oryon Mortuary, Meyers - Fullerton

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran —.

Lot 256 Grave 3 Row ____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	Pre need B-5399	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container		175.00
Handling Fees		170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		10.50
Total Due		710.50
Paid receipt number	34475	710.50
Balance due		-0-

PAID
APR 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Family to Pay - Thur.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Lillian Sabransky
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6609

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

16009

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Fay Phillips Sabramsky	Female	Oct. 2, 1892	April 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
Grants Pass	Oregon	Lundberg's Funeral Home 141 NW "C" St. Grants Pass, Oregon 97526

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lundberg's L.B. Hall Funeral Home 141 NW "C" St. Grants Pass, Ore	None

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 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: APR 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ J. Ref Gidney, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 23 1987 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyd Hall	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Josephine County, Oregon		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34475

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(97544)

Date: 04-23, 19 87

From: Allan Sabransky Address: 1015 Cedar Flat Rd William OR

Seven hundred ten and 50/100 Dollars ($ 710.50)

In full Payment of Gary P. Sabransky Services

Lot 356 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E6609

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		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	300	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	174	00
Recording & Misc. Fees	100 77183	25	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 04-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas J. Johnson in a Bell liner (Vault/Liner) Funeral, date, time Fri - 11Am - 4/24 Church, Chapel, Graveside Church + HS ; 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 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund 30 Day Res Dr. 6	
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	
Balance due	

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

1335 W 139th #237
Address

Gardena Ca 90247
State Zip Code

213-516-7772
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 056031

Work Order # E 6610

Acct. # 021796

PY-683 (REV. 8-86)

W.O. NO. E6610

NOTE—STRAIGHT

$ 1201.00 San Diego, California, April 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 Twelve hundred one and no/100 DOLLARS,

with interest from May 24, 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 VICTORIA L POLK

1335 W 139th #237

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address Gardena 90247

Victoria Polk

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6610

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THOMAS JEFFERSON JOHNSON	Male	July 30, 1924	April 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	Victoria L. Polk - Daughter 1335 W. 139th No. 237 Gardena, CA 90247

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 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 Morman Gull Steel Sealer		
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 APR 21 1987
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D. mm		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 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.

E-6610

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/03/87

DATE: 06/03/87
TIME: 205746
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
056031	05/07/87	021796	VICTORIA L. POLK					05/28/87	CK	243	1,201.00	1,201.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				476.00		
			100	072		77185	000072				145.00		
			60101			78390					6.00		
			67007			77184					119.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,201.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35468

Date: _____ 19____

From: Victoria Peck Address: 1335 W. 137th, Gardena CA

One hundred Thirty-five Dollars ($ 135.00)

In _____ Payment of Marker Installation Fee

Lot 117 Grave 5 Row _____ Section 1 Division _____ Block 44

Invoice No. _____

Acct. No. _____

W.O. E-6610

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Judy 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	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

CITY AUDITOR
JAN 25 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Apr 20 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earnest Taylor

in a Liner – Chapel (Vault/Liner) Funeral, date, time Fri. 24th of April 2 PM

Church, Chapel, Graveside Chapel : Reynolds Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 43 Grave 3 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ... F.1503 (1980)	Prepaid -0-
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 34477	606.00
Balance due	-0-

PAID
APR 23 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 6611

Acct. # _____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6611

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Earnest Taylor	Male	Oct. 22, 1901	April 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	Dorothy Cooper - Daughter 5017 Reynolds Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON OR FIRM AS SHOWN)	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: 37511Market 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 APR 23 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 APR 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.

OFFICIAL RECEIPT

№ 34477

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-23, 19 87

From: Dorothy Cooper Address: 5017 Reynolds St Sdla 92110

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Earnest Taylor service,

Lot 43 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 6611

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	320.00
Burial Containers	100 77182	140.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen M. Lefler

in a ash Vault (Vault/Liner) Funeral, date, time 4/27-Mon-11 Am

Church, Chapel, Graveside Graveside ; Family ~~Mortuary~~.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 59 Grave 12 Row – Section 17 Division/Block 7

Grave space & Care Fund ..... Pr. Verd.	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... ash Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	–
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number	
Balance due	

Paid 8/14/87

Via Phone
Mr Sulivian
415-965-4212

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 056033

Acct. # 021797

Work Order # E 6612

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK—MAKE NO ALTERATIONS OR ERASURES

16611

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Margaret Lefler	Female	Sept.23,1902	Apr.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
Palo Alto	Santa Clara	Vi Sullivan-Dtr.-in-law 259 Pamela Dr. Mtn. View, CA 94040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Roller & Hapgood & Tinney 980 Middlefield Rd.,Palo Alto, CA 94301	F 132

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 Cem., 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
	Alta Mesa Cem., Palo Alto, CA	4-21-87	▶ D.J. Nichols
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED 4/22/87
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Stephen A. Cisney M.D. Registrar
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 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 Santa Clara County Health Dept. 2220 Moorpark, San Jose, CA 95128		

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.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/17/87

DATE: 06/17/87
TIME: 202446
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
056033	05/07/87	021797	VI SULLIVAN					06/15/87	CK	652	100.00	242.40	142.40
	E-6612		100	072		77181	000072				43.32		PARTIAL PAYMENT
			100	072		77182	000072				16.50		
			100	072		77183	000072				14.44		
			100	072		77185	000072				24.75		
			60101			78390					0.99		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isaac M. Lang

in a Bell Vault/Liner Funeral, date, time Wed. 4/22 10:00

Church, Chapel, Graveside Graveside : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - NAVY

Lot 97 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Preneed Bal. (E6501.)	$230.00
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	836.00
Paid receipt number 34452	150.00
Balance due	686.00

Will Pay by Friday or Sign note

Called 9/87

(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

Jong & Hang
Signature
3636 Delsol Blvd #F
Address
San Diego, CA 92154
State Zip Code
(619) 690-9504
Telephone

Invoice # 056026

Work Order # E 6613

Acct. # 021768

PY-593 (REV. 8-85)

04-22-87 34481

686 00
50 00
$ 636 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

4413

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ISAAC MADISON LANG	Male	09-15-1928	04-19-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Joy L. LMng (Daughter) 3636 Del Sol Blvd. Apt. F San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Davis, M.D. Co.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/22/87 (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-6613

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/05/87

DATE: 06/05/87
TIME: 201616
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
056026	05/07/87	021768	JOY K. LANG					06/02/87	CK	372	50.00	636.00	586.00
			100	072		77181	000072				25.16		PARTIAL PAYMENT
			100	072		77182	000072				7.86		
			100	072		77183	000072				14.15		
			60101			78390					0.47		
			67007			77184					2.36		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 50.00

6613

ACROZ2 PSWD: INVOICE DATA ENTRY PG: 1

ACTION: A BY: BLL ACCOUNT: 021768 INVOICE: 056026 INV DATE: 05 07 87

NAME: JOY K. LANG

1) 3838 DEL SOL BLVD 2) APT F

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92154 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-6613 DAYS DUE: 030 INV TYPE: LE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N FD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 636.00

DESCRIPTION OF CHARGE	AMOUNT
ISAAC M. LANG SERVICES	
LOT 97 GR 11 SEC 2 DIVN 11	230.00
OPENING/CLOSING	320.00
LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	6.00
RECORDING FEE	35.00
LESS PAYMENTS R34452/R34481	200.00-
TOTAL DUE	636.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

636.00

6/2/87 50.00 CK 372

586.00 BAL

THE CITY OF

SAN DIEGO

6613

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY
DEPARTMENT

This Agreement entered into this 10 day of June, 1987, between Joy L. Lang, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

The Purchaser agrees to payments of $50. per month until burial service expenses for Isaac M. Lang , intered in: Lot 97, Grave 11, Section 2, Division 11, are paid in full. The amount of $636.00 is owed.

Payment shall be received by Mt. Hope by the 1st of each month. Should default be made in payment when due, the whole sum of outstanding balance shall become immediately due, without notice at the option of the holder of this note.

Purchaser

Joy L. Lang
3636 Del Sol Blvd. Apt F
San Diego, CA 92154

Joy L. Lang
Signature of Purchaser

CITY OF SAN DIEGO
Mt. Hope Cemetery

By Sandra L Ward

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 34452

Date: 4/20, 1987

From: Richard Lang Address: 3636 Del Sol Blvd F1-A D 92154

One Hundred Fifty and no/100 Dollars ($ 150.00)

In Deposit Payment of One Interment of Isaac M Lang - due

Lot 97 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6613

BALANCE DUE 686.00

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	30.00
80% Sales of Lots	100 77184	120.00
Opening/ Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77183	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 76390	—
TOTAL PAID	$	150 —

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT #2

№ 34481

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/22, 1987

From: Richard Lang Address: SD

Fifty Dollars ($ 50.00)

In Partly Payment of Burial Service of Mother Burial

Lot 97 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6613 636.00

BALANCE DUE ~~$56.00~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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) 216

856
100
50
656
Bal
500 more
mo

MEMO

☐ URGENT – [illegible]LY IMMEDIATELY

☐ NO REPLY REQUIRED

6613

Mt Hope

TO Ernst

Auditors

Unit: 021768 [illegible]

Name: Jay K. Lang

FOLD

MESSAGE

Please remove Treasurer referral flag

SIGNED

Judy Wood

REPLY

[illegible] II

FOLD

SIGNED

DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

6613

Date 04-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isaac M. Lang

in a Bell Vault/Liner Funeral, date, time Wed. 4/22 10:00

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - NAY

✓ Lot 97 Grave 11 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Preneed Bal. (E6501) $230 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

Will Pay by Friday on Sign note

Total Due 836 00

Paid receipt number 34457 150 00

Balance due 686

(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

Jon L. Lang
Signature
3036 Delsol Blvd #F
Address
San Diego, CA 92154
State Zip Code
(619) 690-9504
Telephone

Invoice # 056026

Acct. # 021768

Work Order # E 6613

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed
Lot for:

Date 04-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Nathaniel F~~ Virginia Jones

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 14 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 34453	10.00
Balance due	485.00

4-21-87

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

Paul J Tyrone
Signature

Address _____

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 6614

Acct. # _____

PY-593 (REV. 8-86)

06-08-87 34676

185 00
120 00
365 00

40 mins

OFFICIAL RECEIPT

№ 34453

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04 . 21 , 19 87

From: Virginia Jones Address: 437 N. 2 Ave SD Ca 92102

Ten and no/100 Dollars ($ 10.00)

In Part Payment of Prencod Lot

Lot 14 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6614

BALANCE DUE $485.00

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	10	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	$	10	00

AC-212 (Rev. 11-86)

№ 34676

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/8, 1987

From: Virginia Jones Address: 427 N. 20th St

One hundred twenty dollars — Dollars ($ 120 —)

In _____ Payment of Coupon 1-6 Credit Cat Sales

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 6614

BALANCE DUE 365 —

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 _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	120 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	120 —

AC-212 (Rev. 11-86)

Agreed

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				X							

Amount due when paid on, or before, due date above 6th ▶ $ 20.00

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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				XX							

Amount due when paid on, or before, due date above. 10th ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 21.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				X							

Amount due when paid on, or before, due date above: 10th ▶ $ 20.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$ 21.00

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-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				X							

Amount due when paid on, or before: due date above 10th ▶ $ 20.00

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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

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 ▶ $ 20.00

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-6614

Virginia Jones
427 N. 28th
San Diego, CA 92102

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 ▶ $ 20.00

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

№ 35995

Date: 4-6, 1988

From: Virginia Jones Address: 427 N. Virginia St SD

[illegible] Dollars ($ 70.00)

In _____ Payment of Credit Lot

Lot 14 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6614

BALANCE DUE 295.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

009942

CITY AUDITOR

APR 14 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	70	—
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	$	70	—

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

№ 36419

Date: 7-12, 1988

From: Virginia Jones Address: 427 N 28th St. San Diego Ca 92102

One hundred fifty-dollars & 00/100 Dollars ($ 150.00)

In part Payment of Credit sales

Lot 14 Grave 2 Row — Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6614

BALANCE DUE $145.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Dora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	150.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	150.00

CITY AUDITOR
JUL 19 1988

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36523

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5-, 19 88

From: Virginia Jones Address: 427 N. 28th St S.D. CH 92102

One hundred forty-five dollars and 00/100 Dollars ($ 145.00)

In Full Payment of preneed grave

Lot 14 Grave 2 Row Section 3 Division Block 12

495

Invoice No.

Acct. No.

W.O. E6614

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

AUG 09 1988

ISSUED BY W. J. Teague

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	46	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	$	145	00

AC-212 (Rev. 10-87)

NAME Jones, Virginia ACCT. NO. E-6614

ADDRESS 427 N. 28th Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 21	87	Lot 14, Grave 2, Section 3, Division 12	495 00		130 00	365 00
4-8	88	Receipt 35995			70 00	295 00
4-12	88	Receipt 36419			150 00	145 00
8-5	88	Receipt 36523			145 00	0

AIGNER FORM NO. 25-204 Jones, Virginia 14 - 2 - 3 - 12 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isabelle V. Burns -

in a air seal - Top Seal (Vault/Liner) Funeral, date, time Fri 4/24 11:00

Church, Chapel, Graveside ; Lewis Colon - Cimbo Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3687 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund C-4478-	—
Additional spaces and care fund NONE	—
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 34486	710.50
Balance due	-0-

PAID
APR 24 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 6615

Acct. # _____

PY-593 (REV. 8-85)

Mortuary to bring Check

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66615

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ISABELLE VICTORIA BURNS	female	Feb 16, 1901	April 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
San Diego	San Diego	Marion L. Butcher - daughter 4593 West 3100 South Granger, Utah 84120

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 - 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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF 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: APR 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 4/24/87 (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		

Polished Hazelwood Bakewell Vault

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

№ 34486

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-24, 19 17

From: Marion L. Butcher Address: 3854 Winona Ave. Dlm 92105

Seven hundred ten and 50/100 — Dollars ($ 710.50)

In full Payment of Isabelle V. Burns Service

Lot 3687 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E6615

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	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	11	50
TOTAL PAID	$	710	50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Luther

in a Bell (Vault/Liner) Funeral, date, time 2:00P.M Fri 4/24

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 64 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Single Sp.	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 34454	856.00
Balance due	0

PAID
APR 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify that the [illegible] GATER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Catherine M. Trice
Signature

6727 WINDING CREEK DR
Address

SAN DIEGO CA 92119
State Zip Code

286-4086
Telephone

Invoice # _____

Work Order # E 6616

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6616

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LOLA JESSIE LUTHER	Female	11-12-1920	04-20-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Catherine M. Trice (Daughter) 6727 Winding Creek Drive San Diego, CA 92119

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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: APR 22 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Brand M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 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

№ 34454

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/21/87, 19__

From: Catherine M. Toise Address: 6727 Winding Creek Dr. - SD 92119

Eight hundred fifty Six & no/100 Dollars ($ 856 00/100)

In full Payment of Interment of Lola Luther - dec

Lot 64 Grave 9 Row ~ Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6616

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 4289

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

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

Family in 43-12-2-11

Date 4/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John L. Jones

in a Bell Liner (Vault/Liner) Funeral, date, time Mon - 2 P.M. 4/27

Church, Chapel, Graveside Church - G.S. ; Hazedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 66 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Single & Care	250 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees ..... 6-27-96 within 30 days	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 _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Leroy Jones
Signature

2.3650 46 St
Address

San Diego 92113
State Zip Code

263-2723
Telephone

Work Order # E 6617

Invoice # 056032

Acct. # 021769

PY-593 (REV. 8-86)

E-6617

056032 CE TC E-6617 021769 LEROY JONES NAME 05/07/87 06/06/87 856.00 ACTION WRITTEN OFF

W.O. NO. E-6617

NOTE—STRAIGHT

$ 856.00 San Diego, California, 4/21/87, 19

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 May 22, 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 Gary Jones

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6617

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA John L. Jones Johnell Jones	Male	April 2, 1925	Found April 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	Mable M. Jones - Sister 3340 Island Avenue Apt. "C" 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 Blue Arlington Late Funeral		
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: APR 23 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 4/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stith	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

№ 37085

Date: Dec 9, 1988

From: LeRoy Jones Address: 234 - 46th St S.D. 92113

Dollars ($ 50.00)

In Deposit Payment of On Past due Interment fees for John L. Jones, Sr

Lot 66 Grave 6 Row — Section 2 Division 11 Block

Invoice No. 056032

Acct. No. 021769

W.O. E-6617

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.

ISSUED BY Leroy Jones

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

CITY AUDITOR DEC 15 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

№ 37206

Date: 1-9, 19[illegible]

From: [illegible] Address:

[illegible] Dollars ($ [illegible])

In _____ Payment of [illegible]

Lot 66 Grave 6 Row _____ Section 2 Division Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. [illegible]

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	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

CITY AUDITOR
JAN 18 1989

AC-212 (Rev. 10-87)

P.A County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe # 2051-86

in a NONE (Vault/Liner) Funeral, date, time 2:30 / 4/22

Church, Chapel, Graveside -No- ; Mtgs Mortuary.

All Funeral cars must arrive 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 4 Bottom 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	

P.A # 1029061

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 056025

Acct. # 000952

Work Order # E 6618

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6618

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jam Jane Doe CC#2051-86	Female	---	Found Oct.1,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Pala	San Diego	San Diego County Coroner 3555 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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Ma.Hope Cemetery,3751 Martin LutheraKing Jr.Way San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Russ Board - Portland	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 Flat China Bottom		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Smells West		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 22 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/22/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

TOP

P.A. County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe # 2119-86

in a NONE (Vault/Liner) Funeral, date, time Thurs. 4/23 11:00

Church, Chapel, Graveside Nor Drop ; 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 _____ .

Lot 158 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	

P.A. # 1029053

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 056028

Acct. # 000952

Work Order # E 6619

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6619

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jane Doe CC#2119-86	Female	(Unknown)	(Unknown)

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Ramona	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 684 So. Mollison Avenue-El Cajon, CA 92020	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 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 APR 23 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 APR 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		

COPY 4 IS TO BE RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR

P.A. County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe # 2682-86

in a NONE Vault/Liner Funeral, date, time Fri 4/24 PM

Church, Chapel, Graveside No ; SCCS. Mortuary.

All Funeral cars must arrive 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 5 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ..... Center Top -	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number ____	
Balance due ____	

P.A.# 1029088

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

County of SD
Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Invoice # 056030

Work Order # E 6620

Acct. # 000952

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6620

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#2682-84	Male	Unk.	FOUND 12-30-86

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Ranchita	San Diego	Public Administrator(Exe) 5201-A Ruffin Rd. San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL LCHAPEL 5602 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 ▶ [signature] DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 24 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 4/24/87 (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		

Portical Board
No Handler
158-5-Top to East

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

Bottom

P.A. County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe # 2617-86

in a NONE (Vault/Liner) Funeral, date, time 4/23 — 2:30

Church, Chapel, Graveside No ; 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 158 Grave 5 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	

P.A.# 1029045

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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

Work Order # E 6621

PY-593 (REV. 8-85)

Invoice # 056027

Acct. # 000952

Legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66621

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe 2617-86	Male	Unknown	Dec 21,1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Bonita	San Diego	San Diego County Coroner 5555 Overland Ave San Diego, Ca 92123

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 Dr Martin Luther King Way San Diego,Ca		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: APR 23 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 APR 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

STATE FILE NUMBER

6621

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

DOE, John
CC 2617-86

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JOHN		DOE 2617-86	December 21, 1986	2015

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	Black or Hispanic	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
Open area	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
44 ft. N.E. of Otay Lakes Road, 2.6 mi. E. of Wueste Road	Bonita

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 DAVID J. STARK, Coroner	35C. DATE SIGNED 12-22-86

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Temporary Envaultment	JAN 6 1987		3983 George St Fresno

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)

Disinter

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sanford Clinton Lancaster

in a _____ (Vault/Liner) Funeral, date, time Fri 4/24 1:00

Church, Chapel, Graveside _____ Ahrens 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 _____ .

Lot 57 Grave 1 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	C-8275
~~Additional spaces and care fund~~ Disinterment	700.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	700.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6622

Acct. # _____

PY-593 (REV. 8-85)

Disinter

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sanford Clinton Lancaster

in a _____ (Vault/Liner) Funeral, date, time 4/27 - 10AM

Church, Chapel, Graveside _____ ; Wilson's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 57 Grave 1 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	
~~Additional spaces and care fund~~ Disinterment	700.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	700.00
Paid receipt number	
Balance due	

PAID
APR 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Only Child & 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 Amy R. Bridgman
Signature
X 7723 Starlight Drive
Address
X La Jolla, Ca. 92037
State Zip Code
X (619) 587-1306
Telephone

Work Order # E 6622

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

THE CITY OF

SAN DIEGO E6622

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

April (MONTH) 1987 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Sanford Clinton Lancaster

from Lot 57 Grave 1 Section 16 Row ____ Block ____ Div 7
and to remove the same to and reinter said remains in Lot ____ Grave ____
Section ____ Row ____ Block ____ Div ____.

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. AB

* Amy R. Bridgman		
Signature	Signature	Signature
* Daughter		
Relation to deceased	Relation to deceased	Relation to deceased
* 7773 Starlight Dr.		
Address La Jolla, Ca. 92037	Address	Address

I hereby authorized the above disinterment:

Amy R. Bridgman
(Lot owner must sign if not legal custodian)

OK Glw3 4/21

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES 6622 Reg. #932

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Stanford Lancaster	Male	Nov. 16, 1902	Feb. 15, 1970

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	Amy Bridgman 7773 Starlight Dr. La Jolla, CA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Alhiser-Wilson, 225 S. Broadway, Escondido, CA	297

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT
NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Oak Hill Memorial Park, 2640 Glenridge Rd., Escondido, 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 Redwood - destroyed

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: APR 22 1987
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramsey, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/27/87 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Lauren 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: na

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 34468

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-22- , 19 87

From: CHARLES E. BRIDGMAN Address: 1225 S. MAPLE, ESC, CA 92025

SEVEN HUNDRED DOLLARS AND NO/100 Dollars ($ 700.00)

In FULL Payment of DISINTERMENT FOR SANFORD C. LANCASTER

Lot 57 Grave 1 Row Section 16 Division 7 Block

Invoice No.

Acct. No.

W.O. E6622

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#2847

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 29 1987

T66603

ISSUED BY W.J. League

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 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	700 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginger A. Belgrave

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 1 P.M 4/24

Church, Chapel, Graveside Chapel + 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 No .

Lot 1856 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	no
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	1305.50
Paid receipt number 34463	1305.50
Balance due	0

PAID
APR 22 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 Gwendoline P. Thomas
Signature
x 1011 Beyer Way #73
Address
x San Diego CA 92154
State Zip Code
x 690-6982
Telephone

Work Order # E 6623

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6623

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VIRLINGER AUGUSTA BELGRAVE	FEMALE	JULY 17, 1900	APRIL 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	Gwendoline D. Thomas - Daughter 1011 Beyer Way, Space 73 San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A metal		
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: APR 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/24/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Georgia Letts	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 34463

Date: 4/22/87, 19

From: C. D. Thomas Address: San Diego 92102

One Thousand Three Hundred Five & 50/100 Dollars ($ 1305.50)

In full Payment of Interment Fees for Virginia A. Belgrau - Dec

Lot 1856 Grave — Row — Section — Division Block 10

Invoice No —

Acct. No —

W.O. E-6623 34463

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1020

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Peggy Stahl

CREDIT	57007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1305	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sam I Nakashima ⊗ Fri

in a Ash Vault (Vault/Liner) Funeral, date, time 5-29-87 10:30 AM

Church, Chapel, Graveside Graveside ; Lewis Colonial Mortuary. -Bambo

All Funeral cars must 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 4476 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees $15.90	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 34622	383.30
Balance due	0

PAID
MAY 29 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

242.40
15.90
125.00
$383.30

I hereby certify I am the Sister 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

See over

X Yoshie Nakashima
Signature

X 1280 E. Lexington Ave
Address

X El Cajon Ca 92021
State Zip Code

X 444-7432
Telephone

Invoice #

Acct. # Paid X

Work Order # E 6624

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6624

#55460

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SAM ISAMI NAKASHIMA	male	Jan 5, 1916	Found April 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
El Cajon	San Diego	George H. Nakashima - brother 5090 Ovid Place San Diego, CA 92117

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 - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 3953 Imperial Ave. Cypress View Crematory - San Diego, CA	DATE CREMATED 4/20/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY D. W. [illegible]
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 APR 16 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Connor, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/29/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE Cemetery Manager
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

№ 34622

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-29- , 1987

From: GEORGE NAKASHIMA Address: 5090 OVID PL. SAN DIEGO 92117

THREE HUNDRED EIGHTY-THREE DOLLARS AND 30/100 Dollars ($ 383.30)

In Full Payment of SAM ISAMI NAKASHIMA LOT 4476 DIV 10

Lot 4476 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E6624

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

#1002

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teagle

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 77185	100 ~~77183~~	60	00
Recording & Misc. Fees	100 77183	175	60
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	70
TOTAL PAID	$	383	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Lee Vorise

in a Bell Liner (Vault/Liner) Funeral, date, time Mon - 4/27 - 11 Am

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 . Top of DIP

Lot 342 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	D-3751	—
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		606.00
Paid receipt number	34469	606.00
Balance due		0

PAID
APR 22 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

Cynthia E Vorise
Signature

Address 4977 MANOMET St S.D. 92113
State Zip Code

262-1839
Telephone

Invoice #

Acct. #

Work Order # E 6625

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

0625

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLORIA LEE VORISE	Female	October 3,1928	April 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
National City	San Diego	Cynthia L. Vorise - Wife 4977 Manomet Street San Diego, CA. 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale 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 Martin Luther King Way, San Diego		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: APR 23 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 APR 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34469

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/22/87, 19

From: C E Vorin Address: SD - 92113

Sex Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment of Gloria Lee Vorin - De

Lot 342 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-6625

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 Pope

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

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eric Levon Warner TEN.

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 4/24 1:00

Church, Chapel, Graveside Chpl-HL : 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 1137 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

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 34470	1305 50
Balance due	-0-

PAID
APR 22 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.

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

8354 Noeline Ln.
Address
San Diego 92114
State Zip Code
470-9218
Telephone

Invoice # ____

Work Order # E 6626

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6626

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ERIC LEVON WARNER	Male	11-22-1971	April 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
National City	San Diego	Robert L. Warner (Father) 8354 Noeline Lane 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 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 Batemble Bluffs 32932 Pacific Coast Highway		
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: APR 23 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 4/24 (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

№ 34470

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: Robert Lee Warner Address: 8354 Hoe Line Ln. [illegible]

Nineteen Hundred Five and 50/100 Dollars ($ 1305.50)

In full Payment of Eric Levon Warner Service

Lot 1137 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6626

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	476	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1305	50

AC-212 (Rev. 11-86)

№ 34664

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-05, 19 87

From: [illegible] Address: 4921 [illegible] SD Ca 9-115

[illegible] Dollars ($ 125.00)

In full Payment of Marker installation fee for [illegible]

Lot 1137 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E66-26

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	125.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances B. Ellsworth

in a Ash Vault/Liner Funeral, date, time Sat. 5/16 2:00

Church, Chapel, Graveside : Mesk-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 19 Grave 1 Row ____ Section 4 Division/~~Block~~ 6

PAID
MAY 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	Renewed
Additional spaces and care fund	
Opening/Closing & Setup	105 00
Burial Container	40 00
Handling Fees	60 00
Flower vases - Marker setting fee	Overtime 190 00
Recording and filing fee	35 00
Sales taxes	2 40
Total Due	432 40
Paid receipt number	34582 432.40
Balance due	0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6627

Acct. # ____

PY-593 (REV. 8-85)

Legal Typed - Mortuary to bring Check & Cremains

№ 34582

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-16, 19 87

From: Merkle Mitchell Address: 3655 Fifth Ave. SDCA 92103

four hundred thirty two and 40/100 Dollars ($ 432.40)

In full Payment of Frances B. Ellsworth services

Lot 19 Grave 1 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E6627

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 E. 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	225	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	432	40

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6627

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCES BOYD ELLSWORTH	FEMALE	NOV 30, 1910	MAR 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	KATHLEEN ELLSWORTH, DAUGHTER 15263 MULHOLLAND DRIVE LOS ANGELES, CA 90024

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
HERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR 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, 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA	DATE CREMATED MAR 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 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 27 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 16 1987 (ACTUAL 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 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 4/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite Clayton &

in a ash Vault Vault/Liner Funeral, date, time Tues 4/28 AYP

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 No.

Lot 44 Grave 1 Row _____ Section 17 Division/Block 7

Grave space & Care Fund ... in Husband - James P.	
Additional spaces and care fund ... one - 4pm	
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 34491	242 40
Balance due	-0-

Ck in mail

PAID
APR 27 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.

1-800-631-1666

I hereby authorize the interment in lot _____ hold under deed.

Signature _____

Signature of recorded holder of deed

Via Phone from Jim Clayton Son New Jersey

Zip Code

Invoice # _____

Work Order # E 6628

Acct. # _____

PY-593 (REV. 6-85)

James R. Clayton
84 High Mountain Rd.
Ringwood, NJ 07456



6627

April 24, 1987

Mr. George Stelter
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Mr. Stelter:

Enclosed is check no. 1283 in the amount of $242.40. As per our conversation on April 23, this is to pay for the placement of the cremains of Marguerite V. Clayton in a concrete burial vault in the same grave site as her husband, James P. Clayton. The grave containing his remains is located in lot 44, section 17, division 7.

If you have any questions, please contact me at 1-800-631-1666, 9 a.m. - 4:30 p.m. E.D.S.T.

Sincerely,

James R Clayton

James R. Clayton

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6628

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marguerite V. Clayton	Female	Oct.7,1903	April 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	James R. Clayton - Son 84 High Mountain Road Ringwood, NJ 07456

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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, El Cajon, CA.	DATE CREMATED 4/28/87	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 APR 24 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald S. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 28 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 ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 34491

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-27, 1987

From: James R. Clayton Address: 84 High Mon Rd. Riverwood N.J. 07456

Two hundred forty two and 40/100 Dollars ($ 242.40)

In full Payment of Marguerite Clayton Service

Lot 44 Grave 1 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E6628

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	115.00
Burial Containers	100 77182	40.00
Handling Fee	100 77183	66.00
Recording & Misc. Fees	100 77183	25.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2.40
TOTAL PAID	$	242.40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie L. MacIntyre

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 4/27 11:00

Church, Chapel, Graveside ; Berge-Rbts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3356 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund C-5268 (1968)	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 34483	606.00
Balance due	-0-

PAID
APR 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Arnie

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.

Linda D. Wells
Signature of recorded holder of deed

Linda D. Wells
Signature
252 Kruse Ave.
Address
Monrovia Ca. 91016
State Zip Code
(818) 357-8875
Telephone

Work Order # E 6629
PY-583 (REV. 8-85)

Invoice # ____

Acct. # ____

Will need help @ 10:30 to set casket

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66629

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
Minnie	AKA: Lee Leanno	MacIntyre	Female	Sept. 4, 1902	April 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
Loma Linda	San Bernardino	Mrs. Linda D. Aiello-Daughter 252 Kruse Avenue Monrovia, CA 91016

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 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 APR 24 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Romer M.D. TS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 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 San Bernardino Co. Health Dept. 351 Mountain View San Bernardino, CA 92415			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34483

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(91016)

Date: Apr. , 19 87

From: Linda D Aiello Address: 252 Kruse Ave; Monrovia Ca

Six hundred six dollars and no/100 Dollars ($ 606.00)

In full Payment of Minnie L. MacIntyre (C-5268)

Lot 3356 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6629

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 Dave Lowney

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

Received Check # 9992 amt of $606.00

AC-212 (Rev. 11-86)

County Case #1028979

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Renuck

in a _____ (Vault/Liner) Funeral, date, time Fri 4/24 PM.

Church, Chapel, Graveside Drop Off : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 158 Grave 4 Row Top Center Section V 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

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: County of SD
PA - Bitner
Address: 5201-A Ruffin Rd
State: SD Ca Zip Code: 92123
Telephone

Work Order # E 6630

PY-593 (REV. 8-85)

Invoice # 056029
Acct. # 00952

Legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6630

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Raymond Richard Remick	Male	Sept.2,1940	April 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 Jolla	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

- XXI 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, SAn Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A 158-4-Top-Century Park Board		
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: APR 24 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Setup at Thom.

Date 4/27/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Crawford III

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues - 4/28 - 2 P.M.

Church, Chapel, Graveside Chapel & GS. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran W - Vietnam

Lot 77 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50

30 day note due.

Paid receipt number 34646 1205.50

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary J. Crawford
Signature

5088 Julian St
Address

San Diego ca 92113
State Zip Code

263-5893
Telephone

Invoice # 056034

Acct. # 021798

Work Order # E 6631

PY-593 (REV. 5-85)

W.O. NO. E-6631

NOTE—STRAIGHT

$ 1205.50 San Diego, California, April 27, 1987, 19

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Twelve Hundred five and 50/100 DOLLARS

with interest from May 28, 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 x Mary F. Crawford

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR [redacted]SITION OF [redacted]MAN REMAINS

35
6631

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT CRAWFORD III	MALE	SEPT 29, 1951	APRIL 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
LOS ANGELES	LOS ANGELES	MRS MARY FRANCES CRAWFORD-MOTHER 5088 PALIN STREET SAN DIEGO, CALIFORNIA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) ANDERSON- CALIFORNIA LICENSE NUMBER
RAGSDALE MORT-5050 FEDERAL BL-SAN DIEGO, CALIF F 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 M L KING WAY - SAN DIEGO, CALIFORNIA
COUNTY: SAN DIEGO

CREMATION
NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A
DATE CREMATED: N/A
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: N/A

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS
ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A
Steel 20 ga. Batesville Copperton

SCIENTIFIC USE
NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
We Sealed after Burn

ACKNOWLEDGMENT OF APPLICANT
This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.
SIGNATURE OF APPLICANT: N/A
DATE SIGNED: N/A

LOCAL REGISTRAR
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
AMOUNT OF FEE PAID: 3.00
DATE PERMIT ISSUED: APR 23 1987
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Robert B. Hale

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/28/87 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Royce 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
VITAL RECORDS
313 NO FIGUEROA STREET
LOS ANGELES, 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.

6/9/87

№ 34646

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-04, 1987

From: Marie E Crawford Address: 5012 Palin St [illegible] 9211

[illegible] hundred [illegible] and 50/100 — Dollars ($ 1205.50)

In full Payment of Robert Crawford III Service

Lot 77 Grave 9 Row Section 1 Division Block 11

Invoice No. 056034

Acct. No. 021798

W.O. E 6631

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1205.50

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35244

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 11-4, 19 87

From: MARY F. CRAWFORD Address: 5088 PALIN ST. SD 92113

One Hundred Thirty-five Dollars Dollars ($ 135.00)

In Full Payment of Installation of V.A. Marker

Lot 77 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6631

BALANCE DUE ϕ

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	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/10/87

DATE: 06/10/87
TIME: 003819
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
056034	05/07/87	021798	MARY FRANCES CRAWFORD					06/05/87	CA		1,205.50	1,205.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
E-6631			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			100	072		77185	000072				170.00		
			60101			79390					10.50		
			67007			77184					99.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,205.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/27

"Rayland"

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcus Ao Matthews

in a -Liner- Vault/Liner Funeral, date, time Wed-11Am-4/29

Church, Chapel, Graveside Graveside : Rogadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 118 Grave _____ Row _____ Section 2 Division/~~Block~~ 9

Grave space & Care Fund ..... Single Vault	195 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup For 3-0-	195 00
Burial Container ..... As	75 00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	
Total Due	500 00
Paid receipt number 34492	500 00
Balance due	-0-

PAID
APR 28 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

open
Navy Hill

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

Mrs Helen Matthews
Signature
3184 Lawson St
Address
San Diego Ca 92104
State Zip Code
(619) 492-9050
Telephone

Work Order # E 6632

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6632

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA MARCUS ALBERT RAGLAND MARCUS ALBERT MATTHEWS	Male	Aug. 25, 1983	April 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	Helen Matthews - Mother 3184 Taussig Street San Diego, CA 92124

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 Cem.: 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 White Lamb Flat top — "Wooden" 4		
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: APR 28 1987	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 4/29/87 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 34492

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-27, 19[illegible]

From: [illegible] Address: 3104 [illegible]

[illegible] Dollars ($ 500.00)

In [illegible] Payment of Marcus A. Matthews [illegible]

Lot 118 Grave _____ Row _____ Section 3 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E6632

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	39	00
80% Sales of Lots	100 77184	156	00
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	45	00
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Fernandez,

in a T.L. Vault (Vault/Liner) Funeral, date, time 4/29 - 1:30 - Wed

Church, Chapel, Graveside Chapel - G.S. ; Humphrii Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 133 Grave 3 Row ____ Section 1 Division/Block 12

Grave space & Care Fund Space + Care	395 00
Additional spaces and care fund none	
Opening/Closing & Setup	320 00
Burial Container Top Seal Vault	175 00
Handling Fees	170 00
Flower vases - Marker setting fee 12 x 24 Setting fee	125 00
Recording and filing fee	35 00
Sales taxes	10.50
Total Due	1230.50
Paid receipt number 34496	1230.50
Balance due	0

PAID
APR 28 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.

Jorge L. Alvarez
Signature

I hereby authorize the interment in lot I hold under deed.

3950 Cleveland #210
Address

S.D. CA 92103
State Zip Code

619-294-3318
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6633

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6633

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSA A. FERNANDEZ	Female	08-30-1930	April 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	Jorge Alvarez (Son) 3950 Cleveland Ave. 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

- [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 Bateswelle 20 ga Copperton Sealer		
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 APR 28 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/29/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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. Ramos, M.D. Co.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

No 34496

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/28/87, 19

From: George L Alvarez Address: S D.

Twelve Hundred Thirty and 50/100 Dollars ($ 1230.50)

In full Payment of Interment and Marker Setting Fee

for Rosa Fernandez - dec

Lot 133 Grave 3 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-6633

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1270

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1230	50

115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ben Fowler

in a Double Crypt (Vault/Liner) Funeral, date, time Fri - 12 Noon - 5/1

Church, Chapel, Graveside Church of L.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 89 Grave 3 Row ~ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup (on bottom)	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	1519.80
Paid receipt number 37500	1000.00
Balance due	519.80

Deposit - 1000
30 day note - $519.80

4-29-87

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.

Bishop D. Fowler
Signature

5139 MANZANARES WAY
Address

SAN DIEGO
State CA Zip Code 92104
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 056035

Acct. # 021799

Work Order # E 6634

PY-593 (REV. 8-85)

W.O. NO. E6634

NOTE—STRAIGHT

$ 519.80 San Diego, California, April 29, 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 Five Hundred Nineteen and 80/100 DOLLARS

with interest from May 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 Bishop D. Fowler

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6634

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BEN (NONE) FOWLER	Male	Jan. 6, 1905	Apr. 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	Stephen Fowler - Son 5135 Manzanares Way 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 Metal 20ga Sealer "Gulls"	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bottom Double Crypt	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: APR 30 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 5/1/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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

№ 34500

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/29/87, 19

From: Bishop S Fowler Address: 5139 Manzanares Ave SD 92114

One Thousand and no 100 Dollars ($ 1000.00)

In Part Payment of Interment and grave for Ben Fowler - dec

Lot 89 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No. —

Acct. No. —

W.O. E 6634

BALANCE DUE 519.80

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 Geoyen Stett

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	185	00
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

AC-212 (Rev. 11-86) 520

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/24/87

DATE: 06/24/87
TIME: 212404
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
056035	05/07/87	021799	BISHOP FOWLER					06/18/87	CK	580	519.80	519.80	0.00
			100	072		77182	000072				145.00		PAID IN FULL
			100	072		77183	000072				35.00		
			100	072		77185	000072				320.00		
			60101			78390					19.80		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 519.80

539

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hanna D. Kessel

in a _____ (Vault/Liner) Funeral, date, time _____

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 1580 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund B-273 (1962), Preneed

Additional spaces and care fund .....

Opening/Closing & Setup 320.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due _____

Cremated & Scattered at Sea

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6635

Acct. # _____

PY-593 (REV. 8-85)

Pieneed lots for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Thomas

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 113 Grave 345 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ...2@$250.....	$500.00
Additional spaces and care fund	_____
Opening/Closing & Setup	_____
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	_____
Total Due	$500.00
Paid receipt number _____	_____
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

For Jessie Thomas
Signature
5836 Bagley Apt E
Address
29 Palms, CA 92277
State Zip Code

_____
Telephone

Work Order # E 6636 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

NAME Thomas, Jessie ACCT. NO. E-6636

ADDRESS 5836 Bagley Apt. E, 29 Palms, Ca 92277 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 15	87	Lot 113, Grave 3 & 5, Section 2, Division 11	500 00			

No folder

6636

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Jessie Thomas

Address 5836 Bagley Apt. E, 29 Palms, CA 92277

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 113, Grave 3&5, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on April 15, 1987, by and between Mt. Hope Cemetery and Jessie Thomas 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

6636

Preneed lots for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Thomas

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 113 Grave 3+5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... 2 @ $250	$500.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$500.00
Paid receipt number	
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

For
Jessie Thomas
Signature
15836 Bagley Apt E
Address
29 Palms, Ca 92277
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6636 ✓

PY-593 (REV. 8-85)

Payment Book. 6636

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of April, 1987, between Jesse Thomas, 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 113, Grave 345 Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery for and in consideration of a total purchase price of $ 500.00, payable as follows: $ 0 cash herewith, the receipt of which is hereby acknowledged; $ 21.00 on the 20 day of May, 1987; and the balance in installments of $ 21.00 or more, payable at the office of Mt. Hope Cemetery, on the 20 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.

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.

6636

WITNESS our hands this day and year above written.

Deed to be issued to: Jesse Thomas
Name

5836 Bagley apt E
Address

29 Palms Ca 92277

23 pay of 21.00
1 Rpt of 17.00

PURCHASER

Jessie Thomas

Same
Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Georgen Stelter

GWS:baa(2)62
2-14-86

4436

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

February 22, 1989

Jessie Thomas
5836 Bagley, Apt E
29 Palms, Ca 92277

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward

Sandra Ward
Administrative Aide II
Mt. Hope Cemetery

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr & Mrs Louis & Mary L. Wolfe

in a Double Crypt (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Rogers 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 WW2 - Navy

Lot 134 Grave 7 Row 2 Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre need # E-6110	—
Additional spaces and care fund		—
Opening/Closing & Setup	-2-	640.00
Burial Container	Double Crypt -	330.00
Handling Fees	on Crypt	320.00
Flower vases - Marker setting fee		—
Recording and filing fee	-2-	70.00
Sales taxes		19.80
	Total Due	1379.80
	Paid receipt number 34504	1379.80
	Balance due	0

E-6698
6-2-87

PAID
APR 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify that the [illegible] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

See 11296 deed
Signature of recorded holder of deed

x Mary L. Wolfe
Signature
x Louis M. Wolfe
Address
4294 Landis St
State Zip Code
San Diego 92105
Telephone 281-0252

Invoice #

Work Order # E 6637

Acct. #

PY-593 (REV. 8-85)

legal typed

Pre-need Trust

№ 34504

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/30/87, 19

From: Mr & Mrs Louis & Mary L. Wolfe Address: 4294 Landis St. San Diego 92105

Thirteen Hundred Seventy nine and 80/100 Dollars ($ 1379 80/xx)

In Deposited Payment of One Double Crypt - 2 opening & Closing - 2 Rec. fees

State Sales tax - for Mr & Mrs Pre-need -

Lot 134 Grave -7- Row ~ Section -1- Division -11- ~~Block~~

Invoice No.

Acct. No.

W.O. E-6637

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 271

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Georgia Stelter

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	1379	80
Sales Tax	60101 78390		
TOTAL PAID	$	1379	80

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dewan Emerson

in a Bell Liner (Vault/Liner) Funeral, date, time Wed - 2 PM 5/6

Church, Chapel, Graveside Chapel of the 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 115 Grave 8 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Single + Care	250 00
Additional spaces and care fund ... no	
Opening/Closing & Setup	320 00
Burial Container ... Bell Consultants	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	

Written off 11/22/89

To be V.V.C

60 day

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

Ernestine Williams
Signature

5268 Naranja st
Address

San Diego Ca 92114
State Zip Code

264-5065
Telephone

Work Order # E 6638

Invoice # 056039

Acct. # 021800

PY-593 (REV. 8-85)

6638

Rogsdale

Emerson Family
V.V.C - $852.00
Wed - 2 P.M.
Church & GS

2-11

W.O. NO. E-6638

NOTE—STRAIGHT

$ 857.00 San Diego, California, May -1- 19 87

-60- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eight hundred fifty Seven 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 Ernestine Williams

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6638

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dewan Lee Emerson	Male	Sept. 9, 1971	Found April 29, 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 Williams - Mother 5268 Naranja Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 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		Gary Brollowe
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: MAY 5 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loryn 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

Preneed Trust Deposit $ sv:

Date 05-01-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agrippina and Jack Coy

in a (2) Liners (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 164 & 165 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-1138 (1964) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ $320 640 00

Burial Container 2 @ $100 200 00

Handling Fees 2 @ $145 290 00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ $35 70 00

Sales taxes 2 @ 6.00 12 00

PAID
MAY 1 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 1212 00

E-69138 7 9-21

Paid receipt number 34507 1212 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.

Per attached letter
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 6639

Acct. # _____

PY-593 (REV. 8-86)

Legal Typed

6639

Enclosed find check
#1212 - To cover pre-need
costs for Plots 164-165
Div 10
- for Jack Coy +
~~Phyllis~~ agrippina Coy
4701 - Lenore Dr.
San Diego 92115

Senior Each $251
Opening + Closing Ea. $320
Each Recording Fee $35
$606

OFFICIAL RECEIPT

№ 34507

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

010257

Date: 05-01, 19 87

From: Jack Cox Address: 4701 Lemore Dr. SD Ca 92115

Twelve hundred twelve and no/100 — Dollars ($ 1212.00)

In full Payment of Preneed Trust Deposit for Jack & Agrippina Burial Services

Lot 164 & 165 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6639

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

MAY 7 1987

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	1212.00
Sales Tax	60101 78380	
TOTAL PAID	$	1212.00

AC-212 (Rev. 11-86)

Prihul Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ENRIQUETA

Date 5/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Enriqueta H. FLORES

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed - 12/ 11Am

Church, Chapel, Graveside Chapel - GS ; 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 ____ Burial of Armando Flores

Lot 3763 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.00
Total Due	710.50
Paid receipt number 34629	30.00
Balance due	680.00

Trust

Pae need

Time Payment @ 30.00 mo starting 6/10/87

6-1-87

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.

x Aida F. Villegas
Signature

Address

Signature of recorded holder of deed

Bal due $500.50 - 12/14/87

Zip Code

Telephone

Invoice #

Work Order # E 6640

Acct. #

PY-593 (REV. 8-85)

Payment book sent 5-7-87

7-1-87	34762	680 00
		30 00
8-5-87	34844	650 00
		30 00
9-8-87	34985	620 00
		30 00
10-5-87	35098	590 00
		30 00
11-4-87	35241	560 00
		30.00
12-9-87	35406	530 00
		30.00
		500.00

OFFICIAL RECEIPT

№ 34629

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-01, 19[illegible]

From: Enriqueta Flores Address: 1030 So. 31st SD Ca 92113

Thirty and no/100 Dollars ($ 30.00)

In [illegible] Payment of Preneed Trust Deposit

Lot 3763 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6640

BALANCE DUE $680.50

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 [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	30	00
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 - PRENEED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before, due date above 10th ▶ $ 30.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 31.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34762

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: _____, 19__

From: Enriqueta Flores Address: 1020 So. 31st Street, S.D. CA

Thirty dollars Dollars ($ 30-72113)

In _____ Payment of Coupon & 2 Trust Deposit

Lot 3763 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6640

BALANCE DUE 650.50

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 Sandy Ward

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	30	—
Sales Tax	60101 78390		
TOTAL PAID	$	30	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 PRENEED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on or before due date above: 10th ▶ $ 30.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ 31.00

Amount Received $ 30.00

NAME

ADDRESS

CITY STATE ZIP

☐ check if this is new address

OFFICIAL RECEIPT

№ 34894

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5- , 1987

From: EURIQUETA FLORES Address: 1020 So. 31ST ST, S.D. CA 92113

Thirty dollars and 00/100 Dollars ($ 30.00)

In part Payment of Preneed Trust deposit E6640
Coupon #3

Lot 3763 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E6640

BALANCE DUE 620.50

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 W. J. Traquil

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	30	00
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 PRENEED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st. 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 ▶ $ 30.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$

Amount Received $ 30.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35241

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-4 , 19 87

From: ENRIQUETA FLORES Address: 1020 S. 31st ST. S.D. 92113

Thirty Dollars Dollars ($ 30.00)

In Part Payment of Preneed Trust

Lot 3763 Grave Row Section Division Block 10

Invoice No.

Acct. No

W.O. E-6640

BALANCE DUE 530.50

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 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	30	—
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

Send or bring one coupon with each remittance. **COUPON 6**

DO NOT MAIL ENTURE BOOK

ACCOUNT No. E-6640 PRENEED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					X						

Amount due when paid on, or before, due date above. 10th $ 30.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 30.00

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

№ 35098

Date: 10-5, 19 87

From: ENRIQUETA FLORES Address: 1020 S. 31st ST. SAN DIEGO CA 92113

Thirty and no/100 Dollars ($ 30.00)

In Full Payment of Prepaid Trust Deposit

Lot 3763 Grave Row Section Division Block 10

Invoice No.

Acct. No E-6640

W.O.

BALANCE DUE 560.50

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 Bruce Mervin

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	30	00
Sales Tax	60101 76390		
TOTAL PAID	$	30	00

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 PREPAID TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st 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 10th $ 30.00

Amount due if paid more than 10 days after due date above $ 1.00

$

Amount Received $ 30.00

NAME ENRIQUETA FLORES

ADDRESS 1020 S. 31st ST.

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34985

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9/3, 1987

From: [illegible] Address: 1027 So 31st, SD 92113

[illegible] Dollars ($ 30.00)

In _____ Payment of [illegible] #4 [illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6640

BALANCE DUE 590.50

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 [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	63033 9022	30	—
Sales Tax	60101 78390		
TOTAL PAID	$	30	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. COUPON 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 PRENEED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st St.
San Diego, CA 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					X						

Amount due when paid on or before due date above. 10th ▶ $ 30.00

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

№ 35429

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/14/87, 19

From: Enriqueta Flores Address: 1020 So 31st St - S.D. 92113

Five Hundred and 00/100 Dollars ($ 500.00)

In full Payment of Interment of and for Armando H. Flores
See Purchase # E6640 - Paid in full

Lot 3763 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E6640

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 Georgia Stella

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	500	—
Sales Tax	60101 78390		
TOTAL PAID	$	500	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

№ 35406

Date: 12-9, 1987

From: Enriqueta Flores Address: 1020 S 31st Street

Thirty dollars Dollars ($ 30.00)

In _____ Payment of Coupon # 7 Pinned Trust

Lot 3763 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6640

BALANCE DUE 500.50

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 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	30 —
Sales Tax	60101 76390	
TOTAL PAID	$	30 —

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6640 PRENRED TRUST DEPOSIT

Enriqueta Flores
1020 So. 31st 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 $ 30.00

Amount due if paid more than 10 days after due date above $ 1.00

#30.00
12/9/87. cash

$

Amount Received $

NAME Enriq

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kristy La Shawn Jones

in a Bell Liner (Vault/Liner) Funeral, date, time 12:30-Wed 5/6

Church, Chapel, Graveside Chapel + G S : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 18 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	Single	250.00
Additional spaces and care fund	No	—
Opening/Closing & Setup		320.00
Burial Container	Comite Bell Liner	100.00
Handling Fees		145.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		6.00
	Total Due	856.00
	Paid receipt number 34535	856.00
	Balance due	0

PAID
MAY 6 '87
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ragsdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Phoned in By Mr. Ragsdale

Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 6641

Acct. # _____

PY-593 (REV. 8-85)

6641

№ 34535

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: Ragsdale Mortuary Address: 6050 Federal - SD 92102

Eight Thousand Fifty Six and no/100 Dollars ($ 856.00)

In full Payment of Interment fees for Kristy L Jones dec

Lot 18 Grave 4 Row — Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E 6644

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

7911

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	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~~ 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

PERMIT FO[illegible]ISPOSITION OF HU[illegible]N REMAINS

6641
1973-

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KRISTY LASHAWN JONES	FEMALE	January 31,1983	April 30, 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	Fern A. Jones - Mother 3722-45th Street Apt. 2 San Diego, California 92015

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary-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 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 Metal-White Seal - 21 ga.
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Non-Seal
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: MAY 6 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Lamar, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6/87 (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 OR 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 5/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Carter

in a Double Crypt (Vault/Liner) Funeral, date, time Fri - 5/8/ 2:30

Church, Chapel, Graveside Chapel + GS. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran W/W .

Lot 132 Grave 2 Row ____ Section 14 Division/Block 7

Grave space & Care Fund ..... Re-interment into	—
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320.00
Burial Container ..... Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee ..... Treatment for	700.00
Recording and filing fee	35.00
Sales taxes	17.80
Total Due	1724.80
Paid receipt number ____	
Balance due ____	

Paid 8/12/87

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.

Signature of recorded holder of deed

Signature Darlene Carter

Address 362 Sycamore Rd

State CA Zip Code 92114

Telephone 264-1158, 263-5784

Work Order # E 6642

PY-593 (REV. 8-85)

Invoice # 056286

Acct. # 021916

Legal typed

W.O. NO. E-6642

NOTE—STRAIGHT

$ 1724.80 San Diego, California, May 5, 1987, 19

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seventeen Hundred Twenty-four and 80/100 DOLLARS

with interest from June 6, 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

Susan Harris Tracy

XX Darlene Coates

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

5/4/87

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

May 4 1987
MONTH YEAR

See E.6642

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Mary Helen Carter

from Lot 132 Grave 2 Section 14 Row — Block — Div 7
and to remove the same to and reinter said remains in Lot 132 Grave 2-lower
Section 14 Row ____ Block ____ Div 7 . To lower into bottom so Edward go on top level on 5/8/87 -

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.

+Edward James Carter

Darlene Carter	Stephanie Carter	Michael Carter
Signature	Signature	Signature
Daughter	Daughter	Son
Relation to deceased	Relation to deceased	Relation to deceased
362 Sychar Rd	4995 Logan Ave #11	6993 Benson Ave.
Address	Address	Address

I hereby authorized the above disinterment:

_____

(Lot owner must sign if not legal custodian)

#3 box 1-16-65

C-1740 - #1

#3 box - 11-24-69 #2

C-7939 -

Bell- 2/85

E-4874 - #3

Mary Helen Carter

12/1/69

E6642

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

FLC642

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edward Carter	Male	Dec. 29, 1941	Found May 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	Darlene Carter - Daughter

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER	
5050 Federal Blvd. Anderson-Ragsdale Mortuary: San Diego,,CA 92102	1329	6993 Benson Ave. San Diego, CA 92114

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: MAY 8 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 MAY 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/05/87

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 APRIL 1987	$250.00
Recording and filing fee	
Sales taxes	
Total Due	$250.00
Paid*receipt number	
Balance due	

4/8 - Davis, Hattie D. $125.
4/30- Colton Ilaha J.$125

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 056038

Work Order # E 6643

Acct. # 006490

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/05/87

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 APRIL 1987	$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 Co.
Signature

PO Box 94
Address

San Diego, CA 92112
State Zip Code

Resale #FH-25603192
Telephone

Invoice # 056036

Acct. # 004821

Work Order # E 6644

PY-583 (REV. 8-85)

(over)

04/02/87	$125		2x1	MacKinnon, Sylvia
04/08/87	125		2x1	Givens, Annie & Willie
"	125		2x1	Giddens, Lucy M.
03/14/87	125		2x1	Wilson, Albert
04/16/87	160	Fndn	2x1	Henderson, Ruby
04/17/87	125		2x1	Payne, Phillip T.
04/23/87	125		2x1	March, Idell B.
04/23/87	125		2x1	Garcia, Dolores
	$1035			

-OFFICIAL RECEIPT

№ 34581

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: Conti and Son Memor Address: San Diego

One thousand thirty-five dollars and no/100 Dollars ($ 1035.00)

In full Payment of Invoice # 056036 - Marker Setting

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 056036

Acct. No 004821

W.O. E 6644

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑ ck# 7002

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Dave Looney

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	$ 1035 00

[redacted]

CITY TREASURER
SAN DIEGO

7676505/20/67 1035.00 INVS
05/20/67 7676 5 1035.00- CH
05/20/67 7676 5 .00 BA

E-6644

056036 05/07/87 004821 CONTI AND SON MEMORIAL CO 05/15/87 CK 7002
100 072 77183 000072

		1,035.00		
NUMBER OF INVOICES PAID	3	1,035.00	1,035.00	0.00
TOTAL AMOUNT PAID	~~1,315.00~~			PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/05/87

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 APRIL 1987	$1000.0
Recording and filing fee	
Sales taxes	
Total Due	$1000.0
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Seaman-Poe Monument Co.
Signature
3893 Imperial Ave.
Address
San Diego, CA 92113
State Zip Code
Resale F-40258
Telephone

Invoice # 056037

Acct. # 000253

Work Order # E 6645

PY-593 (REV. 8-86)

(over)

04/17/87	$125	2x1	Ostrander, Marcella
04/24/87	125	2x1	Ward, Donald Sims
"	125	2x1	Underwood, Helen
"	125	2x1	Duncan, Irene M.
"	125	2x1	Wilson, Kenneth
"	125	2x1	Hagquist, Violet M.
04/29/87	125	2'6"	Edwards, David & Dorothy
"	125	"	Siggery, Cecil & Flossie
	$ 1000.		

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Nelson (By Ellen Wilson C of E)

in a _____ Vault/Liner Pre need Funeral date time _____

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 65 Grave 8 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 34518	10.00
Balance due	240.00

not arranged

Credit Sale

5/4/87

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

Tyrone
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6646

PY-593 (REV. 8-85)

		240
06-10-87	34680	20 -
		220
7-8-87	34792	20 -
		200
10-9-87	35141	20
		180
11-10-8	35279	20
		160
1-6-88	35506	20.00
		140.00

OFFICIAL RECEIPT

Nº 34518

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/4/87, 19

From: Ellen Wilson Address: SD

Ten Dollars ($ 10.00)

In Dpmt Payment of Deposit on Credit Sale for Ellen Wilson use.

Lot 65 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE 240.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181	10	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	$	10	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 11.00

Amount Received $ 10.00

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

6646

OFFICIAL RECEIPT

№ 34680

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
'PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/10, 19 87

From: Mia Nelson Address: 2443 "L" Street S.D.

Twenty dollars Dollars ($ 20—)

In — Payment of Coupon # 172

Lot 65 Grave 8 Row E Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE 220—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

220

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	20—
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	20—

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on or before; due date above. 10th ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 11.00

Amount Received $ 10.00

NAME Alice Nelson

ADDRESS 2443 L St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

Nº 34792

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-8 , 19 62

From: Ella Nelson Address: 2443 L Street, SD 92102

Twenty Dollars Dollars ($ 20.00)

In ____ Payment of Coupon 374

Lot 65 Grave 8 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-6646

BALANCE DUE 200

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-66) 3462

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Judy Ward

CREDIT	67007		
20% Sales Care	77184	20	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					X						

Amount due when paid on, or before, due date above th ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 - L ST.

CITY SAN DIEGO STATE CALIF ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L STREET

CITY SAN DIEGO STATE CALIF ZIP 92102

☐ check (✓) if this is new address

№ 35141

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-9, 19 87

From: Ellen Wilson Address: 2443 L St. SD

Dollars ($)

In Payment of Crypton 5&6 Credit Lot

Lot 65 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE $80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3500

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Wood

CREDIT	67007		
20% Sales Care	77184	20	—
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	$	20	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			7		X						

Amount due when paid on, or before due date above. 5th $ 10.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35279

Date: 11-10 , 19 87

From: Ellen M. Wilson Address: 2443 L St San Diego Ca. 92102

Twenty Dollars Dollars ($ 20.00)

In part Payment of Credit Sale Coupons 7-8

Lot 65 Grave 8 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3511

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrain

CREDIT	67007	
20% Sales Care	77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35506

Date: 1-6, 1988

From: Felice Nelson Address: 2443 L Street, SD 92102

twenty dollars no/100 Dollars ($ 20.00)

In Payment of Coupon #9 & 10 Credit Lot

Lot 65 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

398

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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego CA ZIP 92102

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					X						

Amount due when paid on, or before, due date above: 0th ▶ $ 10.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.50

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Calif. ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			/		X						

Amount due when paid on, or before, due date above 6th ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Cal. ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35987

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-7, 1988

From: Ellen Wilson Address: 2443 L Street, SD

Twenty na/wo Dollars ($ 20.00)

In _____ Payment of Coupon 11 & 12 Credit Lot for Alice Wilson

Lot 65 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6646

BALANCE DUE 120.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
*Pre-need Trust ☐ Cash ☐ Check ☒

447

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance. **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

NOV	DEC.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					XX						

Amount due when paid on or before due date above: 10th ▶ $ 10.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$ 10.00

Amount Received $ _____

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					X						

Amount due when paid on, or before, due date above: 10th — $ 10.00

Amount due if paid more than 10 days after due date above: — $ 1.00

$ 10.55

Amount Received $

NAME Alice Nelson

ADDRESS 2493 L ST.

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36287

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-10, 19 88

From: Alice Nelson Address: 2403 J Street SD

Twenty dollars 20/100 Dollars ($ 20.00)

In Payment of Coupon 13 & 14 Credit Lot

Lot 65 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3611

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on, or before, due date above. 15th $ 10.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L ST.

CITY San Diego STATE CALIF. ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L ST.

CITY San Diego STATE Calif. ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36532

Date: 8 - 9 , 1988

From: Mrs Nelson Address: 2443 - L Street

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot Sales

Lot 65 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6646

BALANCE DUE 80.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 3634

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY

CREDIT 20% Sales Care	67007 77184	20 —
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					X						

Amount due when paid on, or before, due date above. 1th $ 10.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L STREET

CITY SAN DIEGO STATE CALIF ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 $ 10.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 "L" STREET

CITY SAN DIEGO STATE CALIF ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36828

Date: 10-12, 19 88

From: Alice Nelson Address: 2443 L Street, SD, CA
Twenty, no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 17 & 18 Credit Lot

Lot 65 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6646

BALANCE DUE 60.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

552

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 14 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance. **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Folson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					X						

Amount due when paid on, or before, due date above. eb ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Alice Folson

ADDRESS 2443 L STREET

CITY San Diego STATE CALIF ZIP 92102

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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. 0th ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Calif ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37076

Date: 12-8, 19 88

From: Ellen Wilson Address: 2493 L St San Diego, CA 92102

Twenty dollars + 00/100 Dollars ($ 20.00)

In part Payment of Credit for Crypt #20

Lot 65 Grave 8 Row — Section 2 Division Block 11

Invoice No:

Acct. No E-61646

W.O.

BALANCE DUE 40.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
576

AC-272 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Hera Black

CREDIT	67007	10	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	16	20 00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
DEC 12 1988

Rendad

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-0646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00 *

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00 *

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Calif ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					X						

Amount due when paid on or before, due date above. 'th ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37324

Date: 2-7, 1989

From: [illegible] Address: 2443 L. Street, SD 92102

twenty dollars no/100 — Dollars ($ 20.00)

In _____ Payment of Coupons 21422 Crystal Lot

Lot 5 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. C 6646

BALANCE DUE 20.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3721

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 10 1989

ISSUED BY [illegible]

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

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6645

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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 ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					X						

Amount due when paid on, or before, due date above. 15th $ 10.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

NAME Nelson, Alice C/O Ellen Wilson ACCT. NO. E-6646

ADDRESS 2443 L Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
May 5	87	Lot 65, Grave 8, Section 2, Division 11	250 00		110 00	140 00
4-7	88	Coupon 11 & 12 Receipt 35987			20 00	120 00
6-10	88	Coupon 13 & 14, Receipt 36287			20 00	100 00
8-9	88	Coupon 15+16 Receipt 36532			20 00	80 00
10 13	88	Coupon 17 & 18 Receipt 36828			20 00	60 00
12-8	88	Coupon 19 & 20, Receipt 37076			20 00	40 00
2-7	89	Coupon 21 & 22, Receipt 37324			20 00	20 00
3-8	89	Coupon 23 & 24, Receipt 37477			20 00	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37477

Date: 3-7 , 19 89

From: [illegible] Address: 2443 [illegible]

[illegible] Dollars ($ 200)

In Payment of [illegible]

Lot 65 Grave 6 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. 2-66-46

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.

009360

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	200

CITY AUDITOR
MAR 16 1989

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Vilsen
2443 - L St.
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					1						

Amount due when paid on or before due date above — $ 10.00

Amount due if paid more than 10 days after due date above — $ 1.00

$ 10.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6646

Alice Nelson
c/o Ellen Wilson
2443 - L St.
San Diego, CA 92102

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. Oct ▶ $ 10.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 12.00

Amount Received $

NAME Alice Nelson

ADDRESS 2443 L Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruben & Brute Johnson

in a allow D.C. Vault/Liner Funeral date, time

Church, Chapel, Graveside Pre-need ; Rapsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 877 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 34516	10.00
Balance due	585.00

not arranged

Credit Sale

05/05/87

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]

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6647

PY-593 (REV. 8-85)

6/10/87	34681	585.00
		25.00
		560.00
7/7/87	34778	25.00
		535.00
		25.00
8/5/87	34884	510.00
		25.00
		485.00
9/3/87	34989	25.00
		460.00
		25.00
10/1/87	35085	$435.00
		25.00
11-4-87	35247	410.00
12-7-87	35383	25.00
		385.00
		25.00
1-4-88	35490	360.00

OFFICIAL RECEIPT

№ 34516

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/5/87, 19

From: Ruby Johnson Address: SD

Dollars ($ 10 00)

In Depart Payment of Credit Lady of grave Span
Double Crypt O.K.

Lot 877 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE 585 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

CREDIT	87007	
20% Sales Care	77184	10 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

№ 34681

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/10, 1987

From: [illegible] Johnson Address: 8113 Skyline Dr, S.D.

Twenty five Dollars ($ 25 —)

In — Payment of Coupon #1

Lot 877 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6647

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 2935

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	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 76390		
TOTAL PAID	$	25	—

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on or before due date above. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 26.00

Amount Received $ 25.63

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34778

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7 , 1987

From: Anita Johnson Address: 6113 Skyline Dr, S.D. 92114

Twenty-five Dollars ($ 25.00)

In Payment of Coupon #2 Credit Lot Sale

Lot 877 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6677

BALANCE DUE $40.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2949

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	90101 76390	
TOTAL PAID	$	25 00

P.O. BOX 7800
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-6647

Ruben & Berte Johnson
6113 Skyline
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 ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 26.00

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 34884

Date: 8-5, 1987

From: Birta Johnson Address: SD.

Twenty-five Dollars Dollars ($ 2500)

In Coupon Payment of Credit Sale - Coupon #3
E-6647

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6647

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2984

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

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647 - - -

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on or before due date above 10th ▶ $ 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

OFFICIAL RECEIPT

№ 35085

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-1, 1987

From: [illegible] Address: 6113 [illegible], SD 92114

Twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon #5 Credit Sale

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 465.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3023

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 77164	
80% Sales of Lots	100 77164	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 00

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Bette Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					X						

Amount due when paid on or before due date above 10th ▶ $ 25.00

Amount due if paid more than 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 35247

Date: 11-4 , 1987

From: BIRTA L. JOHNSON Address: 6113 SKYLINE DR. S.D. 92114

Twenty five Dollars Dollars ($ 25.00)

In part Payment of Credit Sales

Lot 877 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3060

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 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
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: 0th — $ 25.00

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

№ 34989

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-3, 1987

From: Berta Johnson Address: 6113 Skyline Dr, 92114

Twenty-five Dollars ($ 25.00)

In _____ Payment of Carry on #4, Credit Sale

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 490.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3004

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	60033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 -

Send or bring one coupon with each remittance. **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
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)th ▶ $ 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

OFFICIAL RECEIPT

№ 35490

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Earle Johnson Address: 6113 Skyline Dr. SD
Twenty five Dollars ($ 25.00)

In _____ Payment of Coupon # 8 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 390.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3116

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 06 1988

ISSUED BY Lindsey Varel

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

P.O. BOX 7826
CHICAGO 6, ILLINOIS
PRINTED IN U.S.A. BY RAND McNALLY REV 3-64

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
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. .0th $ 25.00

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

№ 35978

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-6, 1988

From: Berta Johnson Address: 6113 Skyline Dr. SD 92114

Fifty Two 00/100 Dollars ($ 52.00)

In _____ Payment of Coupon E&10 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 336.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3197

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	52.00
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 78300	
TOTAL PAID	$	52.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. #2=6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					X						

Amount due when paid on or before due date above. 10th $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 26.03

Amount Received $ 26.00

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-6647

Ruben & Berte Johnson
6113 Skyline
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 $ 25.00

Amount due if paid more than 10 days after due date above $ 1.00

$ 26.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35383

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-7, 1987

From: RUBEN JOHNSON Address: 6113 SKYLINE DR. S.D. CA. 92114

Twenty Five Dollars Credit Sale Cargo #7 Dollars ($ 25.00)

In part Payment of Pre Need Credit Sale

Lot 877 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE 415.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
3088

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Mason

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					X						

Amount due when paid on or before due date above. 10th $ 25.00

Amount due if paid more than 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

№ 36105

Date: 5-5, 19 88

From: Berta Johnson Address: 6113 Skyline Drive SD

Twenty-six 00/100 — Dollars ($ 26.00)

In _____ Payment of Coupon 11, Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 312.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3242

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	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	$	26	00

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					X						

Amount due when paid on, or before, due date above 10th $ 25.00

Amount due if paid more than 10 days after due date above $ 1.00

$

Amount Received $ 26.00

NAME Ruben + Berta Johnson

ADDRESS 6113 Skyline Dr

CITY San Diego STATE Calif ZIP 92114

☑ 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

№ 36170

Date: 5-16, 1988

From: Leste Johnson Address: 6113 Skyline Dr, SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Origin 12 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 287.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3205

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 23 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 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berta Johnson
6113 Skyline
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.)th $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36273

Date: 6 8, 19 88

From: Lista Johnson Address: 6113 Skyline Dr SD

twenty-five 00/100 Dollars ($ 25.00)

In Payment of Coupon 13 Credit Lot

Lot 877 Grave Row Section Division Block 15

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE 262.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3219

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY Linda 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	80101 76390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before, due date above. 10th $ 25.00

Amount due if paid more than 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

№ 36358

Date: 7-5 19 88

From: Berta Johnson Address: 6113 Skyline Dr, SD
twenty - five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 14 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 237.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3266

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 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 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. B-6647

Ruben & Berte Johnson
6113 Skyline
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: Oct ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36497

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. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
AUG 09 1988

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Bette Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on or before due date above: 10th $ 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

OFFICIAL RECEIPT

№ 36647

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-7, 1988

From: Berta Johnson Address: 6113 Skyline Dr, SD 92114

twenty five 76/100 Dollars ($ 25.00)

In ✓ Payment of Oregon 16 Credit Lot

Lot 877 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE 187.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3326

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 1 8 1988

ISSUED BY Sandra Wash

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-6647

Ruben & Berte Johnson
6113 Skyline
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 9th ▶ $ 25.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36785

Date: 10-5, 19 88

From: Retta Johnson Address: 6113 Skyline Dr. SD

Twenty-five and 00/100 Dollars ($ 25.00)

In Payment of Cemetery Lot

Lot 870 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6647

BALANCE DUE 162.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2349

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY

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 78380		
TOTAL PAID	$	25	00 ✓

ACCOUNT No. E-6647

Ruben & Berte Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					X						

Amount due when paid on, or before due date above 10th $ 25.00

Amount due if paid more than 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

№ 36906

Date: 11-3, 1988

From: Leslie Johnson Address: 6113 Skyline Dr. San Diego

Twenty & five 00/100 Dollars ($ 25.00)

In _____ Payment of Coupon 18 Mart Lot

Lot 277 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 137.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR NOV 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

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berta Johnson
6113 Skyline
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 1ch ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37054

Date: 12-6, 1988

From: Rita Johnson Address: 6113 Skyline Dr, SD

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 19 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-6647

BALANCE DUE 112.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3421

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	2.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	18.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berta Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					X						

Amount due when paid on or before due date above 10th ▶ $ 25.00

Amount due if paid more than 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

№ 37197

Date: 1-9, 1989

From: Rita Johnson Address: 6113 Skyline Dr, SD

Twenty & five Dollars ($ 25.00)

In _____ Payment of Coupon 20, Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-6647

BALANCE DUE 87.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3442

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy 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

CITY AUDITOR
JAN 17 1989

Send or bring one coupon with each remittance. **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6647

Ruben & Berta Johnson
6113 Skyline
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. 5th $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37303

Date: 2-3, 1989

From: Gita Johnson Address: 61B Skyline Dr. SD

twenty-five 00/100 Dollars ($ 25.00)

In _____ Payment of Coupon 21 Credit Lot

Lot 877 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-6647

BALANCE DUE 62.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2-6647

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY Linda Ford

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. E-6647

Ruben & Berta Johnson
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					X						

Amount due when paid on, or before due date above [Oct 10] $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR № 37603

APR 07 1989

Date: 4-4, 1989

From: Lita Johnson Address: 6113 Skyline Dr. SD 92114

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupons 22 & 28 Credit Lot

Lot 677 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-6647

BALANCE DUE 12.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3534

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Andrea 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

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-6647

Ruben & Berte Johnson
6113 Skyline
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. 5th ▶ $ 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** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6647

Ruben & Berte Johnsen
6113 Skyline
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					X	-	-	/			

Amount due when paid on or before due date above. Oct $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41159

Date: Aug 28, 1991

From: Johnson, Ruben & Berta Address: 6113 Skylin Dr. S.D. 92114

Seven & no/cents Dollars ($ 7.00)

In Full Payment of Pre-need lot

Lot 878 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1647

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4440

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	7 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	$	7 00

AC-212 (Rev. 10-87)

NAME Jonhson, Ruben & Berte ACCT. NO. E-6647

ADDRESS 6113 Skyline Drive, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
May 5	87	Lot 877, Div 10	595 00		200 00	395 00
4-5	88	Coupon 9710, Receipt 35978			52 00	343 00
5-5	88	Coupon 11, Receipt 36105			26 00	312 00
5-18	88	Coupon 12, Receipt 36170			25 00	287 00
6-8	88	Coupon 13, Receipt 36273			25 00	262 00
7-5	88	Coupon 14 Receipt 36358			25 00	237 00
8-9	88	Coupon 15 Receipt 36497			25 00	212 00
9-7	88	Coupon 16, Receipt 36647			25 00	187 00
10-5	88	Coupon 17 Receipt 36785			25 00	162 00
11-3	88	Coupon 18, Receipt 36906			25 00	137 00
12-6	88	Coupon 19 Receipt 37054			25 00	112 00
1-9	89	Coupon 20, Receipt 37197			25 00	87 00
2-3	89	Coupon 21, Receipt 37303			25 00	62 00
4-4	89	Coupon 22-23 Receipt 3760			50 00	12 00
		adjustment of error			5 00	7 00
8-28	91	RECEIPT 41159			7 00	0 00

PAID
AUG 28 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

6647

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruben & Brute Johnson

in a allow D.C. (Vault/Liner) Funeral date, time

Church, Chapel, Graveside Pre-need ; Rapsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 877 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 34516	10.00
Balance due	585.00

not arranged

Credit Sale

05/05/87

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

Invoice # _____

Acct. # _____

Work Order # E 6647

PY-693 (REV. 8-86)

6647

		585.00
6/10/87	34681	25.00
		560.00
7/7/87	34778	25.00
		535.00
8/5/87	34884	25.00
		510.00
9/3/87	34989	25.00
		485.00
10/1/87	35085	25.00
		$460.00
11-4/87	35247	25.00
		435.00
12-7-87	35383	25.00
		410.00
1-4-88	35490	25.00
		385.00

E-6647

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5 day of May, 1987, between Ruben + Ruth Johnson herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

34516

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 877, Grave —, Row —, Section ~~III~~, Block/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $595.00, payable as follows: $10.00 cash herewith, the receipt of which is hereby acknowledged; $25.00 on the 10 day of June, 1987; 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.

Payment book 5-7-87

6647

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.

6647

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.

6646

WITNESS our hands this day and year above written. for Double Crypt

Deed to be issued to: Ruben & Berte Johnson
Name

6113 Skyline
Address

SD. 92114

PURCHASER

T. B

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Georgene Stelter

GWS:baa(2)62
2-14-86

Crabtree

~~MT. HOPE CEMETERY~~

INTERMENT ORDER

City of San Diego

Date 5/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Floyd Brown

in a ~~Vault/Liner~~ Funeral date, time

Church, Chapel, Graveside Burial ; 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 127 Grave 2 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	not arranged
Burial Container	
Handling Fees	Crabtree
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	395.00
Paid receipt number 34517 ✓	10.00
Balance due	385.00

Lot pd in full 8/1/94

5/5/87

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 T Brown

Address

State Zip Code

Telephone

Work Order # E 6648

Invoice # ____

Acct. # ____

PY-593 (REV 8-85)

		385.00
		15.00
7-20-87	34838	370.00
8-5-87	34897	15.00
		355.00
10-2-87	35092	15.00
		340.00
11-18-87	85315	15.00
		$325 00

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E6648

11974

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO REV. FLOYD BROWN for the sum of $ 395.00 (DOLLARS)

LEGAL DESCRIPTION (LOT 127; GR. #2; SEC. #1; DIVISION #12)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6648

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:

MARKER REGUALTION SIZE IS 24"x12", FLAT MARKER ONLY.

Wendy J. Teague
Cemetery Manager

J. T. Gerlach
Property Director

PY-584 (Rev. 12-92)

NAME BROWN, REV. FLOYD ACCT. NO. E-6648

ADDRESS 1974 Westinghouse, San Diego, Ca 92111 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
MA 87	Lot 127, Grave 2, Section 1, Division 12	395 00		70 00	325 00
6-24-88	Vaugns 5,6,7,8 Receipt 36332			60 00	265 00
9-30-88	Receipt #41301			100 00	165 00
11-29-91	Receipt #41565			65 00	100 00
8-01-94	receipt #45285			100 -	-0-

PAID
AUG 01 1994
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 34517

Date: 5/5/87, 19

From: Rev Floyd Brown Address: S.D.

Ten Dollars ($ 10 00)

In Deposit Payment of Credit Sale of Burial Grave

Lot 127 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6648

BALANCE DUE 385 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 Terry

CREDIT	57007	
20% Sales Care	77184	10 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	$	10 00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on, or before, due date above. 10th ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

15 Dec Cash

$ 16.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34897

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5- , 19 87

From: Rev. Floyd Brown Address: 1974 Westinghouse, S.D. CA 92111

Fifteen dollars and ⁰⁰/100 Dollars ($ 15.00)

In _____ Payment of coupon #2 Credit Sale

Lot 127 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No _____

W.O. E6648

BALANCE DUE 370

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. Teague

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	15	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

OFFICIAL RECEIPT

№ 35092

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-2, 1987

From: [illegible] Address: 1974 [illegible]

Dollars ($ 15.00)

In _____ Payment of Canyon #3 Credit Sale

Lot 127 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-66 [illegible]

BALANCE DUE 240.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	15	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Dieog, CA 92111.

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on, or before due date above 10th $ 15.00

Amount due if paid more than 10 days after due date above: $ 1.00

#1500 10/2/87

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 34838

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-20, 1987

From: [illegible] Address: 1974 Westinghouse

Fifteen Dollars Dollars ($ 15.00)

In Payment of Coupon #1 Credit Lot

Lot 127 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6648

BALANCE DUE 370.00

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	15	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Dieog, CA 92111

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before, due date above 10th ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 16.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

№ 35315

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-19, 1987

From: Mr. Floyd Brown Address: 1974 Westinghouse

Seven Hundred Ten 50/— Dollars ($ 710.50)

In _____ Payment of Canyon #4 Vault Lot

Lot 127 Grave 2 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-6648

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 Handy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	15	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	—

AC-212 (Rev. 11-86)

Bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					X						

Amount due when paid on, or before, due date above. 0th ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 15.00

NAME Rev Floyd Brown

ADDRESS 1974 Westinghouse St

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36332

Date: 6-24, 1988

From: Leo Floyd Brown Address:

Sixty dollars no/100 — Dollars ($ 60.00)

In _____ Payment of Coupon 5, 6, 7 & 8 Credit Lot

Lot 127 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6648

BALANCE DUE 265.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra L [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	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	63101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 $ 15.00

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. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Dieog, CA 92111

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 $ 15.00

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

...g one coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 $ 15.00

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-6648

Rev. Floyd Brown
1974 Westinghouse
San Dieog, CA 92111

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 $ 15.00

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

№ 41301

Date: 9-30, 1991

From Rev. Floyd Brown Address: [illegible] Westinghouse, Sd. [illegible]

One Hundred [illegible] Dollars ($ 100.00)

In _____ Payment of Credit Lot

Lot 127 Grave 2 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. F-6641

BALANCE DUE $165.00

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 J. Waits

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	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
527-3400

№ 41565

Date: 11-29, 1991

From: Floyd Brown Address: 1974 Westinghouse SD 92111

Sixty-five 70/100 Dollars ($ 65.00)

In _____ Payment of Credit Lot

CITY AUDITOR

Lot 127 Grave 2 Row _____ Section _____ Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6647

BALANCE DUE 5/00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

06196

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	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	$	65	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45285

Date: 8-1- , 19 94

From: Rev. Floyd Brown Address: 1974 Westinghouse, S.D 92111

One hundred and xx/100 Dollars ($ 100.00)

In Full Payment of Renewal Lot

Lot 127 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 6645

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

204

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wendy Jo Teague

CREDIT 20% Sales Care	67007 77184	21	00
80% Sales of Lots	100 77184	79	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	—

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 $ 15.00

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 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Dieog, CA 92111

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 $ 15.00

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-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 ▶ $ 15.00

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-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 ▶ $ 15.00

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-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					X						

Amount due when paid on, or before, due date above. 10th ▶ $ 15.00

Amount due if paid more than 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-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					X						

Amount due when paid on, or before, due date above. 10th ▶ $ 15.00

Amount due if paid more than 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 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 ▶ $ 15.00

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 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 ▶ $ 15.00

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 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 $ 15.00

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 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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 $ 15.00

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 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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. $ 15.00

Amount due if paid more than 10th days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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. $ 15.00

Amount due if paid more than 10th days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					X						

Amount due when paid on, or before, due date above. 10th $ 15.00

Amount due if paid more than 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-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					X						

Amount due when paid on, or before, due date above. 10th $ 15.00

Amount due if paid more than 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 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

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: Oth — $ 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

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6648

Rev. Floyd Brown
1974 Westinghouse
San Diego, CA 92111

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					X						

Amount due when paid on, or before due date above: Oth — $ 15.00

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

(Dip)
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-06-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Christensen in a Bell (Vault/Liner) Funeral, date, time Fri - 1 P.M 5/8 Church, Chapel, Graveside Graveside : Pinkham Mortuary. Set up at Grave

All Funeral cars must 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 I

Lot 113 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund D5647 (1975) Prenced

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
MAY 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Dorothy Roberts Pinkham & Gray Ch.

Total Due 35 00

Paid receipt number 34555 35 00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6649

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR [illegible]OSITION OF [illegible]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6649

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WALTER DAVID CHRISTENSEN	MALE	NOV 28, 1894	MAY 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	WILLIAM CHRISTENSEN, SON 646 EL RANCHO DRIVE EL CAJON, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY, 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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 MAY 07 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 8 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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramos, M.D. Cef

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

6645

OFFICIAL RECEIPT

№ 36130

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-9, 1988

From: _____ Address: _____

fifteen 92/100 Dollars ($ 15.92)

In _____ Payment of Flower Vase for Aurora Real

Lot 13 Grave 7 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. D-6649

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

MAY 12 1988

ISSUED BY Sandra Nard

CREDIT	67007		
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	63033 9022		
Sales Tax	60101 78390		02
TOTAL PAID	$	15	92

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 34555

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/8/87, 19

From: Pinkham-Mitchell Address: S.D.

Thirty five 00/100 Dollars ($ 35.00)

In full Payment of Recording & filing fee on Walter D. Christensen - Dec

Lot 113 Grave 1 Row Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6649

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 6297

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita A. Huyser

in a Ashvault (Vault/Liner) Funeral, date, time 2 P.M - Fri - 5/8

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Cremain With family

Lot 59 Grave 1 Row — Section 2 Division/Block 12

Grave space & Care Fund Pr Paid D-8938	—
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 34532 -	100.00
Balance due	142.40
34556 -	142.40

PAID
MAY 8 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Place on Foot Left Side.

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 William J Huyser
Signature

X 1659 Bakersfield St
Address

X Lemon Grove CA 92045
State Zip Code

X 619-463-7005
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6650

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK — MAKE NO ALTERATIONS OR ERASURES

6650

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JUANITA ALOA HUYSER	Female	Oct. 1,1920	May 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
Lemon Grove	San Diego	Willis G. Huyser-Husband 1659 Bakersfield Street Lemon Grove, CA 92045

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 Leneda, Inc. 14065 Olde Hwy 80 El Cajon, CA	DATE CREMATED 5/4/87	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 MAY 4 1987 ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/8/87 (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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D. MHO

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

№ 34556

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/8/87, 19

From: Hayes - Willis Address:

One Hundred Forty two and 40/100 Dollars ($ 142 40)

In Full Payment of Interment fees ⊗ Juanita A. - ⊗

Lot 59 Grave 1-B Row — Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E6650

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) #1645

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	5 00
Burial Containers	100 77182	40 00
Handling Fee 77185	100 ~~77183~~	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	2 40
TOTAL PAID	$	142 40

OFFICIAL RECEIPT

№ 34532

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: Willis Huyser Address: Lemon Grove —

One Hundred Dollars ($ 100.00)

In Part Payment of Interment of Juanita A. Huyser

Lot 59 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6650

BALANCE DUE 142.40

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 Geoyen Stath

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
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	$	100	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant Girl - Yang

in a None (Vault/Liner) Funeral, date, time Thur - 2P.M - 5/7

Church, Chapel, Graveside 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 No .

Lot 638 Grave — Row — Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund 20" none	—
Opening/Closing & Setup	99.00
Burial Container none	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	—
Sales taxes	
Total Due	199.00
Paid receipt number 34533	199.00
Balance due	0

PAID
MAY 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Grave 24" X 14" X 30"

X Yang Chong Neng
Signature
X 3275 2 Bramson pl
Address
X San Diego
State
X CA 92104
Zip Code
Telephone 284-6541

Invoice #

Work Order # E 6651

Acct. #

PY-593 (REV. 8-85)

PERMIT FO[redacted]POSITION OF H[redacted]N REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E16651

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Inf. Girl YANG	Female	May 4, 1987	May 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	Dang Yang (Cousin) 7047 Fulton Street 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 92116	F 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 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: 2-0- White Lamb	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: Flat Top – Volcan 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	DATE PERMIT ISSUED: MAY 06 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/7 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

No 34533

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: Yang-Chong Neng Address: San Diego

One Hundred Ninety Nine and 00/100 Dollars ($ 199.00)

In full Payment of Interment of Infant girl Yang (Stillbirth)

Lot 638 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-6651

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

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	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	199 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinter

Franz, Joseph Edward Date 5/8/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe - ~~2846~~ 2682 - 86 -

in a _____ Vault/Liner Funeral, date, time 5/11/87

Church, Chapel, Graveside _____ ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 158 Grave 5 Row _____ Section 2 Division/Block 11

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	700.00
Paid receipt number 3#558	700.00
Balance due	0

PAID
MAY 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Tank Here 9 Am

I hereby certify I am the Via Phone from Bishop of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Gwl
E

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6652

PY-593 (REV. 8-85)

6652

May 5, 1987

Mt. Hope Cemetery
San Diego California

To whom it may concern;

We Edward J. & Mary L. Franz are the parents of Joseph Edward Franz. Joseph E. Franz was buried in your cemetery as John Doe #2682-86. We hereby give our permission for you to exhume his remains so they may be returned to Springfield, Massachusetts for burial .

Edward J. Franz

Mary L. Franz

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6652

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSEPH E. FRANZ	Male	Aug. 21, 1956	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	Edward Franz Jr. -Father 4 Rose St. Springfield, Massachusetts

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | CALIFORNIA LICENSE NUMBER

Rogers Mortuary-4079 University Ave.-San Diego

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: St. Michael Cemetery - 1601 State St. - Springfield, Massachusetts

COUNTY: Hampden

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: MAY 7 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers M.D.M.M.

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: 1700 Pacific Hwy. - Rm. 101 - 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

№ 34558

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/11 , 19 87

From: Rogers Mortuary Address: San Diego

Seven Hundred and 00 Dollars ($ 700.00)

In full Payment of For the disinterment of

Joseph Franey - 2816-86

Lot 158 Grave Row Section 2 Division Block 11

#15979

Invoice No.

Acct. No.

W.O. E-6682

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 16380

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Rogers Mortuary

CREDIT	57007		
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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	00

DIP on Top of James 1999

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel J. Reddick -

in a Vault from F.D. (Vault/Liner) Funeral, date, time Thur 11AM - 5/14

Church, Chapel, Graveside 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 65 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... DIP	—
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container Counts from Pinkham (Replace Vic Whitted)	
Handling Fees from Pinkham -	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	525.50
Total Due 34571	170.00
Paid receipt number 34559	355.00
Balance due	0

at grave Family 355.00 Pinkh 170.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

PAID
MAY 11 1987
34559
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Signature

Address

State Zip Code

424-9181
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6653

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6653

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hazel May Reddick	Female	August 5, 1904	May 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
Fremont	Alameda	Betty Gill (Daughter) 252 Imperial Beach Blvd. Imperial Beach, Ca. 92032

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Berge-Pappas-Smith Mortuary	668

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 Hardwood N Sealer Walnut		
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 Pd.	DATE PERMIT ISSUED 05-11-87
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] MD MC
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/14/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stelter - C.M.	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 499 5th St. Oakland, CA 94607		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34559

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: Betty E Gill Address: Imperial Beach

Three Hundred fifty five and no/100 Dollars ($ 355.00)

In full Payment of Interment of Hazel J. Reddick - dec

- Top burial -

Lot 65 Grave 3 Row Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6653

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 [signature]

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 78390	—
TOTAL PAID	$	355.00

AC-212 (Rev. 11-86) 532

OFFICIAL RECEIPT

№ 34571

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/14/87, 19

From: Pinkham-Mitchell Address: 808 - 13th St SD

One Hundred Seventy and 00/100 Dollars ($ 170.00)

In full Payment of Handling fees on Wheeled Vault - T.S

"Hazel J. Reddick - dec

Lot 65 Grave 8 Row Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6653

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5805

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	77185 100 ~~77183~~	170	00
Recording & Misc. Fees	100 77183	—	—
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	—	—
TOTAL PAID	$	170	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hyokki Min Tues

in a Bell Liner (Vault/Liner) Funeral, date, time 5-12-87 11:AM

Church, Chapel, Graveside Chapel ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 132 Grave 6 Row 2 Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	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 34561	856.00
Balance due	-0-

PAID
MAY 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the BROTHER-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]
Signature of recorded holder of deed

[signature]
Signature

7634 DEEP DELL CT.
Address

SAN DIEGO
State

CA 92114
Zip Code

Telephone 479-7361

Invoice # _____

Acct. # _____

Work Order # E 6654

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

6654

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HYOK KI MIN (Vetemese)	MALE	DEC. 29, 1934	MAY 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	Justo C. Tajalle (Bro-in-Law) 7634 Deep Dell Court San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A "Octagon" Blue Cloth - Plastic Handles Wooden Flowers on Casket		
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: MAY 11 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 5/14/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Loyce Heath	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 34561

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 11, 1987

From: J. C. TaJalle Address: 7634 Deep Dell Ct SD 92114

Eight hundred fifty six dollars and NO/100 Dollars ($ 856.00)

In full Payment of Hyokki, Mini. Quinta

Lot 132 Grave 6 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E6654

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave L.

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 ~~77186~~ 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles and Frederin Howard

in a for Double Cupt O.K. Funeral, date, time
Vault/Liner

Church, Chapel, Graveside Pine 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 No .

Lot 13 Grave 8 Row — Section 1- Division/~~Block~~ 12

Grave space & Care Fund	595 00 Z
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container O.K. for Double Cupt. Vault	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595 00 Z
Paid receipt number 34570	500
Balance due	590 00

See E6679 for balance

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Vera Tyone

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 6655

Invoice # _____

Acct. # _____

PY-563 (REV. 8-85)

Credit Sale

№ 34560

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Via Tyone

Date: May 11, 1989

From: Charles F. Howard Address: 303 - N 47th St Sp A27

Five and no 100 Dollars ($ 5.00)

In Deposit Payment of Credit Sales - Grave for Double Cuppt

Lot 13 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6655

BALANCE DUE 590.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	5 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	$	5 00

AC-212 (Rev. 11-86)

E6655

Burial used 5/26/87

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 11 day of May, 1987, between Charlott Frederic Howard, 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 13, Grave 8, Row —, Section 1, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $595.00, payable as follows: $5.00 cash herewith, the receipt of which is hereby acknowledged; $25.00 on the 10 day of June, 1987; and the balance in installments of $25.00 or more, payable at the office of Mt. Hope Cemetery, on the _____ 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.

Payment book sent 5-13-87

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.

6655

WITNESS our hands this day and year above written.

Deed to be issued to: Charles Frederic Howard
Name

303 N. 47th - Sp A-27
Address

S.D. 92102

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Roy [illegible]

GWS:baa(2)62
2-14-86

~~PRENEED TRUST~~
~~DEPOSIT FOR:~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUGENIE COONCE

in a Bell Liner (Vault/Liner) Funeral, date, time Wed. 5/20 2:00

Church, Chapel, Graveside Delivery only 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 725 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Grave space & Care Fund D-8996 (1978)	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 34587	606.00
Balance due	-0-

PAID
MAY 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the attorney in fact of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Eugenie Coonce by
X Caryle O Donschiski
Signature
X 6830 Jamacha Rd. POA
Address
X San Diego, CA 92114
State Zip Code
X ~~293-0938~~ - 263-1392
Telephone

Invoice # _____

Work Order # E 6656

Acct. # _____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 66656

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EUGENIE AKA: JEANIE COONCE	Female	April 30, 1914	May 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	Caryle V. Donscheski (Executrix) 56 Tranquility Lane Whitethorn, CA 95489

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 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: MAY 20 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. C.S.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAY 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

OFFICIAL RECEIPT

№ 34587

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-18, 19 87

From: Gayle Donchiski Address: 683 Lamarca Rd. [illegible]

Six hundred six and [illegible] Dollars ($ 606.00)

In full Payment of Eugenia Coonce [illegible]

Lot 725 Grave _____ Row _____ Section 1 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E66 56

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	320	00
Burial Containers	100 77182	140	00
Handling Fee 9205	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

AC-212 (Rev. 11-86)

Preneed
Trust Deposit:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda Marie Ramsey

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 1504 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	A-7844 (1954) 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 34569	242 40
Balance due	-0-

PAID
MAY 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.

_____
Signature of recorded holder of deed

Linda M Ramsey
Signature
12647 CASA AVENIDA
Address
POWAY CA 92064
State Zip Code
485-6584
Telephone

Work Order # E 6657

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

legal typed

OFFICIAL RECEIPT

№ 34569

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#105

Date: 05-13, 1987

From: Linda M. Ramsey Address: 4225 Chamoune, SD Ca 92115

Two hundred seventy seven and 40/100 — Dollars ($ 277.40)

In full Payment of Pre-need Trust Deposit for Linda M. Ramsey + Recording Fee for Willie Woods

Lot 1504 + 1505 Grave _____ Row _____ Section 2 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E6657 + E6658

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 18 1987
010633

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	277.40
Sales Tax	60101 78090	
TOTAL PAID	$	277.40

AC-212 (Rev. 11-86)

Preneed
Trust Deposits

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Joy Woods

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 1505 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund A-7844 (1954) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container Lumin preneed at Greenwood

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

PAID
MAY 13 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34569 35.00

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Willie T. Woods
Signature
4225 Chamoune Ave
Address
S.D. Ca 92115
State Zip Code
282-3089
Telephone

Work Order # E 6658

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

legal typed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust Deposit:

Date 05-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma Nichols

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 124 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	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 34570	300 00
Balance due 34783	306 00

05-14-87

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

Alma Nichols
Signature
1055 - 9th Ave
Address
SD Ca 92101
State Zip Code

Telephone

Invoice # _____

Work Order # E 6659

Acct. # _____

PY-503 (REV 8-85)

№ 34570

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-14, 19 17

From: Alma Nichols Address: 1055 9th Ave. [illegible]

Three hundred and no/100 Dollars ($ 300.00)

In part Payment of Preneed Trust Deposit

Lot 134 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6659

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 Bizang

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	300.00
Sales Tax	60101 78390	
TOTAL PAID	$	300.00

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 34783

Date: July 7, 19 87

From: Alma Nicholas Address: 1055 9th Ave SD 92101

Three hundred six dollars and 00 Dollars ($ 306.00)

In full Payment of Preneed Trust Deposit

Lot 124 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6659

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 Dave Lowney

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 8022	306	—
Sales Tax	60101 78390		
TOTAL PAID	$	306	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant Girl Branch

in a _____ Vault/Liner Funeral, date, time Fri 5/15 2:00

~~Church~~, Chapel, Graveside 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 643 Grave _____ Row _____ Section 1 Division ~~/Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	99.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	199.00
Paid receipt number	
Balance due	

20" Casket called by Lou

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

note - Navy Relief

No help from Naval Relief

x R. B

Signature

x 4227 36TH ST. #7

Address

x SAN DIEGO, CA 92104

State Zip Code

x 284-3621

Telephone

Invoice # _____

Work Order # E 6660

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sammie Branch

in a Bell Liner (Vault/Liner) Funeral, date, time Mon - 2P.M. - 5/18

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 WW2 - army.

Lot 116 Grave 8 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Space & Care	495.00
Additional spaces and care fund	Res Sp. 9 for 30 day @ 495.00	
Opening/Closing & Setup		320.00
Burial Container	Bell Concrete	100.00
Handling Fees	85	145.00
Flower vases - Marker setting fee	By 5/25 - order issued	15.90
Recording and filing fee		35.00
Sales taxes		6.00
Inst of V.A. Marker	Total Due	1116.90
		125.00
	Paid receipt number 34572	1241.90
	Balance due	1000.00
		$241.90

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

Mattie Sue Branch
Signature

729 South 32nd St
Address

San Diego Calif 92113
State Zip Code

232-2666
Telephone

Invoice # 056409

Acct. # 021986

Work Order # E 6661

PY-593 (REV. 8-85)

Legal Typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6661

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sammie Branch	Male	Feb. 17, 1917	May 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	Mattie Sue Branch - Wife 729 So. 32nd Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mortuary: 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 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: MAY 15 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 _____ (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.

№ 34572

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/14/87, 19__

From: Mattie Lee Branch Address: 729-32 W St SD 92113

One Thousand and 00/100 Dollars ($ 1000.00)

In Part Payment of Interment fees on Sammie Branch - Dec

Lot 116 Grave 8 Row ____ Section 1 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E-6661

BALANCE DUE 241.90

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

211

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	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~~ 77185	85.00
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	1000.00

E-6661

E-6661

056409 05/20/87 021986 MATTIE SUE BRANCH 05/26/87 CK 3525 241.90 241.90 0.00
E-6661 100 072 77183 000072 175.60 PAID IN FULL
100 072 77185 000072 60.00
60101 78390 6.30

Renewed
Lots for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl + Mary Kaneyuki

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 4618 4619 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 2 @ $695 = $1390 00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due $1390 00

06-02-87 Paid receipt number 34633 400 00

Balance due 990 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

Carl H. Kaneyuki
Signature
2555 Windmill View Rd
Address
El Cajon, Ca. 92020
State Zip Code
448-3638
Telephone

Work Order # E 6662

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

7-7-87	34784	990.00
		50.00
		940.00
8-5-87	34886	50.00
		890.00
		50.00
9-10-87	35024	840.00
		50.00
9-25-87	35041	790.00
		50.00
11-4-87	35246	740.00
		50.00
11-30-87	35337	690.00
		50.00
12-8-87	35394	640.00
		50.00
12-29-87	35459	590.00

OFFICIAL RECEIPT

№ 34633

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-03, 1987

From: Carl J. Kaneczki Address: 3555 Windmill View Rd. [illegible]

[illegible] Dollars ($ 400.00)

In [illegible] Payment of Pre-need Lots (2)

Lot 4618 + 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 6662

BALANCE DUE $990.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	400.00
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	$	400.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34784

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7, 1987

From: Mary Kowalski Address: 2555 Windmill View Dr. Union

Fifty Dollars Dollars ($ 50.00)

In Payment of Credit Lot Sales

Lot 4618 & 4619 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6662

BALANCE DUE 940.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2411

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathy 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** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before, due date above: 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 34886

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5, 1987

From: Mary Kanczuki Address: S.D.

Fifty Dollars Dollars ($ 50.00)

In Coupon Payment of Credit Sale - Coupon #2

E-6662

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6662

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 2428

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY JD

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35024

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-10, 19 87

From: Mary Kaczynski Address: 2555 Windmill View 92020

Fifty Dollars Dollars ($ 50.00)

In Payment of Coupon #3 Credit Lot

Lot 4618-19 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-6662

BALANCE DUE 840.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2442

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	—
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	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance. **COUPON 3.**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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 $ 50.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon, CA 92020 STATE ZIP

☐ check (✓) if this is new address

№ 35041

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-15, 1987

From: Mary Kanczyki Address: 2555 Windmill View, EC 92020

Fifty Dollars Dollars ($ 50.00)

In ____ Payment of Carpen #4 Credit Sale

Lot 4618 & 4619 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E-1662

BALANCE DUE 790.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2448

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	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	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							X				

Amount due when paid on, or before due date above. 0th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 50.00

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View Road

CITY El Cajon, CA ST 92020 ZIP

☐ check (✓) if this is new address

№ 35246

B

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-4, 1987

From: Mary Kaneyuki Address: 2555 Windmill View Rd El Cajon 92020

Fifty Dollars Dollars ($ 50.00)

In part Payment of Pre Need Credit Sales

Lot 4618 & 4619 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-6662

BALANCE DUE 740.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2464

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	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 79390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK -

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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 $ 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

№ 35459

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-29, 1987

From: Mari Kanayuki Address: 2555 Winchmill View Rd. Fifty 00 Dollars ($ 50.00 & Cajon)

In _____ Payment of Coupon #8 Credit Lot Sale

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 590.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2496

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 31 19

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 77185	
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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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

OFFICIAL RECEIPT

№ 35653

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-4, 1988

From: Mary Kaneczki Address: 2555 Windmill View CC

fifty dollars Dollars ($ 50.00)

In _____ Payment of Coupon #9 Credit Lot

Lot 4618 & 19 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 540.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 08 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

AC-212 (Rev. 10-87)

2577

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above: ▶ $ 1.00

$

Amount Received $

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon, CA STATE 92020 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35915

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-25, 1988

From: Mary Kaneyuki Address: 2555 Windmill View, EC
Fifty 10/100 Dollars ($ 50.00)

In _____ Payment of Credit Lot

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2538

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	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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							X				

Amount due when paid on, or before, due date above. $ 50.00

10th

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon, CA STATE 92020 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

№ 35786

Date: 3 1 , 19 88

From: Mary Kaneyuki Address: 2555 Windmill View SD

fifty dollars no/100 — Dollars ($ 50.00)

In _____ Payment of Coupon #10, Crested Lot

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 490.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 03 1988

ISSUED BY Sandra Varal

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

...ing one coupon with each remittance COUPON 10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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

№ 35971

Date: 4-5, 1988

From: [illegible] Address: 2555 [illegible] E C

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of [illegible] 12 [illegible] Lot

Lot [illegible] Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 340.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2550

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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. Feb $ 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

№ 35337

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-30, 1987

From: Mary Kaneyuki Address: 2555 Windmill View Lane
fifty 00 Dollars ($ 50.00)

In _____ Payment of Coupon #6 Credit Lot

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 690.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2477

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	—
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	$	50	—

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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 CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon STATE CA ZIP 92020

☐ Check(✓) if this is a change of address

OFFICIAL RECEIPT

№ 35394

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-8, 1987

From: Mary Kaneyuki Address: 2555 Windmill View Rd. El Cajon Ca

Fifty dollars & 00/100 Dollars ($ 50.00)

In Part Payment of Pre-need Credit Sales coupon #7

Lot 4618 & 4619 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-6662

BALANCE DUE 640.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2485

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	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 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

Month and Day Dus 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 ▶ $ 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

№ 36137

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-10, 19 88

From: Mary Kanczuki Address: 2555 Windmill View E C

One Hundred no/100 Dollars ($ 100.00)

In _____ Payment of Coupon 13 & 14 Vendit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 290.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

25.13

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 12 1988

ISSUED BY Sandra Wirch

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 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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: 9th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon, CA ST 92020 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-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before, due date above: 10th ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View

CITY El Cajon, CA STATE 92020 ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36297

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-14, 1988

From: Mary Kanegaki Address: 2555 Winnemill View Rd SD
fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 4618 & 19 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. G

BALANCE DUE 240.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2597

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 20 1988

ISSUED BY: Sandra Wood

CREDIT	67007	37	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	12	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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 ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

$ 50.00

Amount Received

NAME CARL & MARY KANEYUKI

ADDRESS 2555 Windmill View ROAD

CITY El Cajon, CA 92020 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

№ 36372

Date: 7-6, 1988

From: Mary Kaneczki Address: 2555 Nishmill View Blvd, EC
one hundred no/100 — Dollars ($ 100.00)

In _____ Payment of Coupon 16 & 17 Credit Lot

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2608

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Wird

CREDIT	67007	100	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	$	100	00

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Highhill View Rd.
El Cajon, CA 92020

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: Oct ▶ $ 50.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$

Amount Received $ 50.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.: E-6662

Carl & Mary Kaneyuki
2595 Windmill View Rd.
El Cajon, CA 92020

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: 6th $ 50.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

Amount Received $ 50.00

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

№ 36538

Date: 8-9, 19 88

From: Carl Kanayuki Address: 2555 Windmill View Rd.

Fifty dollars Dollars ($ 50.00)

In payment Payment of Credit Lot Sales

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-1662

BALANCE DUE 90.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	50	—
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	—

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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. Feb ▶ $ 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 Kaneyuki, Carl & Mary ACCT. NO. E-6662

ADDRESS 2555 Windmill View Road, El Cajon, Ca 92020 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
May 14 87	Lots 4618 & 4619, Division 10	1390 00		800 00	590 00
2[illegible] 88	Coupon #9, Receipt 35653			50 00	540 00
3-1 88	Coupon #10, Receipt # 35786			50 00	490 00
3-25 88	Coupon #11 Receipt # 35915			50 00	440 00
4-5 88	Coupon 12, Receipt 35971			50 00	390 00
5-10 88	Coupon 13 & 14, Receipt 36137			100 00	290 00
6-14 88	Coupon 15, Receipt 36297			50 00	240 00
7-6 88	Coupon 16 & 17 Receipt 36372			100 00	140 00
8-9 88	Coupon 18, Receipt 36538			50 00	90 00
9-7 88	Coupon 19 & 20, Receipt 36649			90 00	0

OFFICIAL RECEIPT

№ 36649

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-7, 1988

From: Carl & Mary Kanczuki Address: 2555 Windmill View Rd E.C.
Ninety Dollars — Dollars ($ 90.00)

In _____ Payment of Coupon 19 & 20 Credit Lot

Lot 4618 & 4619 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6662

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 19 1988

ISSUED BY Sandra Ward

CREDIT	67007	90	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	$	90	00

AC-212 (Rev. 10-87) 2645 & 2646

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Mary Kaneyuki
2555 Windmill View Rd.
El Cajon, CA 92020

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. Oct ▶ $ 40.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 40.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6662

Carl & Kary Kaneyuki
2553 Windmill View Rd.
El Cajon, CA 92020

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 $ 50.00

Amount due if paid more than 10 days after due date above: $ 1.00

$

Amount Received $ 50.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Set Marker for

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Raymond Perry Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 98 Grave 11 Row _____ Section 2 Division/Block A. 11

From Johnson Monument Co

Work order issued

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee E-6370	125.00
Recording and filing fee	
Sales taxes	
Total Due	125.00
Paid receipt number 34576	125.00
Balance due	0

PAID
MAY 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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6663

PY-593 (REV. 8-85)

№ 34576

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/14, 19 87

From: Johnson Monument Co Address: Los Angeles

Dollars ($)

In full Payment of Setting fee for Raymond Henry
Mark tube 2X1X03

Lot 98 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6663

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 Stetts

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	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 11-86)

County Case # 030264 11 AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shannon Luella Lucas

in a _____ Vault/Liner Funeral, date, time Wed 1:30 5/20

Church, Chapel, Graveside G.S. ; So. Ca. Crem. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 158 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Bottom (double dep)	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 Joe McCormick

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Indigent Burial
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Can have marker 12x24x03 -

Invoice # 056728

Work Order # E 6664

Acct. # 000952

PY-593 (REV. 8-85)

1:30 Wed.

Paralegal Contact
Jean Knight
234-8741

Family informed
Cannot add onto
this billing

Any question
advise contact
paralegal

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

10664

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Shannon Louella Lucas	Female	3-18-1961	5-10-1987

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	San Diego Public Admin. 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: Mt. Hope Cemetery 3751 Market Street San Dieg, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A P.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: MAY 19 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 _____ (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

Will need pall bearers

Date 5/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl I Hansen

in a Bell Liner (Vault/Liner) Funeral, date, time 5/18 - Mon - 11:30Am

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 ____ .

Lot 109 Grave 5 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	350.00
Additional spaces and care fund	NONE
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	3.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

Creditor claim to P.A - See Jamie SW-5491

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 from "John"

Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 056411

Work Order # E 6665

Acct. # 000952

PY-593 (REV. 8-86)

Legal Typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

66665

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PEARL I. HANSEN	female	Jan 14, 1905	May 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	Public Administrator 5201 "A" Ruffin Road San Diego, CA 92123

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 - 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 Both Arlington Both		
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: MAY 15 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Cameron, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) 5/18/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Both	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

6645

№ 36581

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-24, 1988

From: County of San Diego Address: 5201 Ruffin Rd, SD

Thirty five 66/100 Dollars ($ 35.66)

In Payment of Interest on Pearl L. Hansen's Burial Service Costs

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 ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	100/45135	$ 35.66

AC-212 (Rev. 10-87) 023612

Preneed Must Deposit!

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Calla P. Cross Morris + James L.

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 103 Grave 4 Row _____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund (1908)	Preneed
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 320	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	1379.80
Paid receipt number 34578 ✓	50 00
Balance due	1329.80

05-15-87

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

Nancy Smith
Signature
311 Ballantynost #4
Address
El Cajon Ca 92020
State Zip Code
619 - 447-7714
Telephone

Work Order # E 6666

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

Owner Card in file

06-18-87 34715

8-21-87 34958

1329 80
37 00
1292 80
50 00
1242 80

№ 34716

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-18, 1987

From: Colla Morris Address: P.O. Box 146, Coronado, Ca

Thirty-seven 00/ Dollars ($ 37.00)

In _____ Payment of Trend Trust for Nancy Phillips Smith

Lot 34 Grave 6 Row _____ Section 7 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-6666

BALANCE DUE $ 292.80

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 [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	37 —
Sales Tax	60101 78390	
TOTAL PAID	$	37 —

AC-212 (Rev. 11-86)

Renewal
Must
Deposit for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy & William Smith

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 54 Grave 6 Row ____ Section 7 Division/~~Block~~ 1

Grave space & Care Fund ..... (1900)	Renewal
Additional spaces and care fund	
Opening/Closing & Setup .... 2 @ $320	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	1379 80
5-15-87 Paid receipt number 34579	50 00
Balance due	1329 80

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 7 hold under deed.

_____
Signature of recorded holder of deed

Nancy S Smith
Signature
311 Ballantyne St #4
Address
El Cajon Ca 92020
State Zip Code
(619) 447-7714
Telephone

Work Order # E 6667

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

6-18-87 34716

8-21-87 34958

1329 80
37 00
1292 80
50 00
1242 80

P.O. Box 491, Ocotillo, CA 92259

NAME SMITH, NANCY & WILLIAM trust only ACCT. NO. E-6667

ADDRESS ~~311 Ballantyne Street~~, #4, El Cajon, Ca 92020 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
M 15 87	2 Opening/Closing, Double Crypt, 2 Recording	1379 80		137 00	12 42 80
JA 21 88	PAYMENT RECEIPT #3556, CK# 521			50 00	1192 80
2-23 88	Receipt # 35756			50 00	1142 80
4-19 88	Receipt #36030			1000	1042 80
9-21 88	Receipt #36706			500	992 80
9-26 88	Receipt #36722			500	942 80
2-22-90	Coupon 1, Receipt 38904			500	892 80
	2-27-03 trust cancelled monies absorbed to city				

AIGNER FORM NO. 25-204 SMITH, NANCY & WILLIAM 54 - 6 - 7 - 1 PRINTED IN USA

OFFICIAL RECEIPT

№ 34579

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 15-15, 19 87

From: [illegible] Address: [illegible]

Fifty dollars [illegible] Dollars ($ 50.00)

In [illegible] Payment of Pre-need Trust Deposit

Lot 54 Grave 6 Row Section 7 Division ~~Block~~ 1

Invoice No.

Acct. No.

W.O. E6667

BALANCE DUE $1329.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
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 78390	
TOTAL PAID	$	50.00

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

№ 35586

Date: 1-21, 1988

From: James L. Morris Address: P.O. Box 146, Costilla CA 92259

Fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Pre-need Trust

Lot 54 Grave 6 Row _____ Section 7 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-6667

BALANCE DUE 11 1/2 80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 521

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 27 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	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35756

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-23, 19 88

From: Nancy & William Smith Address: 311 Ballantine St #14 EC

fifty dollars Dollars ($ 50.00)

In _____ Payment of Pre-need Trust

Lot 54 Grave 6 Row _____ Section 7 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-6667

BALANCE DUE 114280

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

558

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 26 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	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

№ 36030

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-19, 1988

From: Linda Johnson Address: P.O. Box 146 Oatville CA 92259

One hundred no/100 Dollars ($ 100.00)

In _____ Payment of Prepaid Trust for Nona & William Smith

Lot 54 Grave 6 Row _____ Section 7 Division ~~Block~~ 1

Invoice No. _____

Acct. No. _____

W.O. E-6667

BALANCE DUE 1042.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

592

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 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	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36706

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-21, 1988

From: [illegible] Smith Address: 311 Ballantyne St #[illegible] [illegible]

Fifty & no/100 Dollars ($ 50.00)

In _____ Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 8-6667

BALANCE DUE 992.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 606

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 29 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	66101 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

№ 36732

Date: 9-26, 1988

From: Nana Smith Address: 311 Ballantyne St #4, El Cajon

fifty no/100 Dollars ($ 50.00)

In _____ Payment of Preneed Trust

Lot 54 Grave 6 Row _____ Section 7 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-6667

BALANCE DUE 942.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

599

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 29 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	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

#34958

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-21, 1987

From: James L. Morris Address: 1126 Sierra Vista, Oceanside

One hundred dollars Dollars ($100.00)

In _____ Payment of Pre-need Trust on E-6666 & E-6667

Lot 103 54 Grave 4 6 Row _____ Section 4 7 Division Block 4 1

Invoice No. _____

Acct. No. _____

W.O. E-6666 & 6667

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

507

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	100	—
Sales Tax	60101 78390		
TOTAL PAID	$	100	—

50.00

CITY AUDITOR

OFFICIAL RECEIPT

NO 38904

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

FEB 26 1990

Date: 2-21, 19 90

From: William Smith Address: P.O. Box 491 Cortillo Ca. 92251

Fifty Dollars 50/100 Dollars ($ 50.00)

In Payment of Pre-Need Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-6667

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 620

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	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6667 Preneed Trust

William & Nancy Jo Smith
P.O. Box 491
Ocotillo, Ca 92259

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	10										

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

THE CITY OF
SAN DIEGO
9751 Market Street
San Diego, California 92102

OFFICE OF
MT. HOPE
CEMETERY

FIRST-CLASS

RETURNED TO SENDER

UNDELIVERABLE AS ADDRESSED
NO FORWARDING ORDER ON FILE

SAN DIEGO
MAR 15 '86
CALIF

U.S. POSTAGE
0.32

E 6667

Nancy & William Smith
P.O. Box 491
Ocotillo, CA 92259

Printed on recycled paper

E 4467

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Nancy & William Smith

Address P.O. Box 491, Ocotillo CA 92259

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 54, Grave 6, Row —, Section 7, ~~Block~~/Division 1 (TRUST) in Mt. Hope Cemetery, entered into on Nancy Smith, 19 87, by and between Mt. Hope Cemetery and May 15 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

66667

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Nancy & William Smith

Address P.O. Box 491, Ocotillo CA 92259

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 54, Grave 6, Row —, Section 7, ~~Block~~/Division 1 (TRUST) in Mt. Hope Cemetery, entered into on Nancy Smith, 19 87, by and between Mt. Hope Cemetery and May 15 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

Prenced
Lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katerlee L. Davis

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 4736, 4738 4739 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... 3 @ $695.00 = ... 2085.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID ..... _____

Burial Container ..... _____

Handling Fees ..... JUN 15 2001 ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ..... _____

Sales taxes ..... _____

Total Due 2085.00

05-18-87 Paid receipt number 3486 500.00

Balance due 1585.00

1585.00

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

Katerlee L Davis
Signature

235 Latimer
Address

San Diego Ca 92114
State Zip Code

262 2970
Telephone

Work Order # E 6668

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

№ 34586

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-18, 19 77

From: Katherine L. Davis Address: 535 Tatum, SD Ca 92114

Fifty hundred and no/100 Dollars ($ 500.00)

In part Payment of Preneed lots (5)

Lot 4736, 4738 + 39 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 66668

BALANCE DUE $1585

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	500.00
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	$	500.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34701

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Feb-15, 1977

From: [illegible] Davis Address: 225 [illegible] S.D. [illegible]

[illegible] Dollars ($ 250.00)

In [illegible] Payment of [illegible]

Lot 4736, 4738 & 4739 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6668

BALANCE DUE $1335.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

9654

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	250	—
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	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37845

Date: 5-22, 1989

From: Waterlee Davis Address: 235 Latimer, San Diego CA

One hundred thirty-five Dollars ($ 135.00)

In _____ Payment of Credit Lot

Lot 4726-4739 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 2-6668

BALANCE DUE 1200.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	135 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	$	135 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

№ 41366

Date: 10-8, 1991

From: Roberta Davis Address: 235 Latimer, Sh 92114

One Hundred 00/100 Dollars ($ 100.00)

In _____ Payment of Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-666-8

BALANCE DUE $1100.00

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 J Waits

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 10-87)

714

NAME DAVIS, ~~KATERLEE~~ Katerlee L. ACCT. NO. E-6668

ADDRESS 235 Latimer, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
May 18 87	Lots 4736, 4738 & 4739, Division 10	2085 00		750 00	1335 00
5-22 89	Receipt 37845			135 00	1200 00
10-8-91	Receipt 41366			100 00	1100 00

THE CITY OF SAN DIEGO

E-6668

May 30, 2001

CERTIFIED MAIL

Kateree Davis
235 Latimer
San Diego, Ca 92114

RE: Account E-6668

Dear Ms. Davis:

On May 18, 1987 you signed a contract with Mt. Hope Cemetery to purchase burial lots 4736, 4738 and 4739 in Division 10. Payments have not been made according to the agreement you signed with us to secure the purchase.

Please be advised that if your payment of $1,100.00 is not received in our offices by July 16, 2001, the lot will be returned to our inventory. Partial payments will not be accepted at this time as the agreement is in default and will be canceled unless full payment is made. A "Certificate of Credit" will be issued for the net equity paid on account E-6668 for memorial property and services. This credit may be used toward the purchase of an exclusive right of interment at the current or prevailing rate. The Certificate of Credit expires two years from the issue date.

Should you have any questions please call Mt. Hope Cemetery at (619) 527-3400, Monday through Friday from 8:00 am to 4:00 pm.

Sincerely,

Ray Snider

Ray Snider
Cemetery Manager

RS:vw

DIVERSITY

E66668

(303) 627-8818

KATEREE L DAVIS 03/00
19750 E GEDDES PL
AURORA, CO 80016

CDL / N3550777
Exp / 12-03-04

1228

23-7/1020

Date June 15, 2001

Pay to the Order of Mt Hope Cemetery $1,100.00

one thousand + one hundred 00/100 Dollars

WELLS FARGO BANK WEST, N.A.
ARAPAHOE
8350 EAST ARAPAHOE ROAD
GREENWOOD VILLAGE, CO 80112
www.wellsfargo.com

Memo

Katerea L. Davis

⑈102000076⑆0193313723⑈1228

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53822

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 15, 2001

From: Katerea Davis Address: 235 Latimer ST., S.D., CA 92114

ELEVEN-HUNDRED and NO/100 Dollars ($ 1,100.00 XXX)

In-Full Payment of Balance of Pre-Need Lots Account (PAID-IN-Full TO DATE).

Lot 4736, 4738, 4739 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.
Acct. No.
W.O.
BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
CK# 1228

AC-212 (Rev. 5-94)

(303) 627-8818

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 15 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	683	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	417	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	$	1,100	00

6468

Z 215 453 141

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to KATEREE DAVIS	
Street & Number 235 LATIMER	
Post Office, State, & ZIP Code SAN DIEGO, CA 92114	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form 3800, April 1995

UNITED STATES POSTAL SERVICE



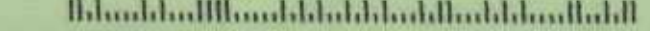


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527

13



6668

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

MS. KATEREE DAVIS
235 LATIMER
SAN DIEGO, CA 92114

4a. Article Number
Z 215 453 141

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-01-01

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature *(Addressee or Agent)*
X Lashonda Webb

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

6668

THE CITY OF SAN DIEGO

May 30, 2001

CERTIFIED MAIL

Kateree Davis
235 Latimer
San Diego, Ca 92114

RE: Account E-6668

Dear Ms. Davis:

On May 18, 1987 you signed a contract with Mt. Hope Cemetery to purchase burial lots 4736, 4738 and 4739 in Division 10. Payments have not been made according to the agreement you signed with us to secure the purchase.

Please be advised that if your payment of $1,100.00 is not received in our offices by July 16, 2001, the lot will be returned to our inventory. Partial payments will not be accepted at this time as the agreement is in default and will be canceled unless full payment is made. A "Certificate of Credit" will be issued for the net equity paid on account E-6668 for memorial property and services. This credit may be used toward the purchase of an exclusive right of interment at the current or prevailing rate. The Certificate of Credit expires two years from the issue date.

Should you have any questions please call Mt. Hope Cemetery at (619) 527-3400, Monday through Friday from 8:00 am to 4:00 pm.

Sincerely,

Ray Snider
Cemetery Manager

RS:vw

DIVERSITY

Mt. Hope Cemetery
Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

E66668

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Katerie Davis

Address 235 Latimer, S.D. CA 92114

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 4736, 4738 4739, Grave —, Row —, Section —, ~~Block~~/Division 10 in Mt. Hope Cemetery, entered into on May 18, 1987, by and between Mt. Hope Cemetery and Katerie Davis 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

GWS:baa(2)62
2-14-86

6668

06-15-87 34701

1585.00
250.00
1335.00

Bulcher

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshua Rashad Nibbs

in a none (Vault/Liner) Funeral, date, time Friday - 10:30 5/22

Church, Chapel, Graveside 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 1616 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	99.00 ~~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 50.00	199.00
34600 - 50.00	
Balance due	149.00

Min Burial no liner

note for ~~299.00~~ Dep. of 50.00

18" Carlet

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

Raymond Hadnot
Signature

361 N. 43rd
Address

Calif 92102
State Zip Code

264-5767
Telephone

Invoice # 056725

Acct. # 022052

Work Order # E 6669

PY-583 (REV. 8-85)

W.O. NO. E-6669

NOTE—STRAIGHT

$ 149.00 San Diego, California, May 21, 1987

-92- days after date, for value received, the undersigned maker(s) promise(s) to pay to Mt. Hope Cemetery or San Diego City Treasurer

or order at 3751 Martin Luther King Way, San Diego, CA 92102 the sum of One Hundred Forty-nine and 00/100 DOLLARS with interest from Aug 20, 1987 on the unpaid principal at the rate of 12 per cent per annum, payable on demand

6-25-87 Pay - 50.00 7-20-87 50.00 8-20-87 49.00

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/ Raymond Haddad

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

281-0353

264-5767

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E606669

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Joshua Rashad Nibbs	Male	April 27, 1987	May 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	Darlene Nibbs - Mother 1042 Bollenbacher Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mortuary: 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 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 18" Flattop Whitetank
	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 Shallow off Pyredge	
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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	MAY 22 1987	▶ Donald L. Camras, M.D. mm

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) 5/22/87	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

№ 34600

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/21/87, 19 87

From: Raymond Jordan R. Hadnot Address: SD

Dollars ($ 50.00)

In Part Payment of Interment of J. R. Nibbs - Infant

Lot 1616 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E 6669

BALANCE DUE 149.00

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	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)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(X) In grave of Wife

Date 5/18/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Duncan MacKenzie (X)

in a ash Vault (Vault/Liner) Funeral, date, time AOP Wed 5/27

Church, Chapel, Graveside No : Fatherwyall Mortuary.

All Funeral cars must 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 903 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund ..... Pre need - DS984	—
Additional spaces and care fund	NONE
Opening/Closing & Setup	105.00
Burial Container ..... Concrete ash Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	$1 242.40
Paid receipt number 34584	242.40
Balance due	0

PAID
MAY 18 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

Patricia A. Pierce
Signature

2433 COLINAS PASEO
Address

EL CAJON, CALIF 92019
State Zip Code

Call when Completed → (619) 579-8030
Telephone

Invoice #

Work Order # E 6670

Acct. #

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 66670

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DUNCAN MAC KENZIE	Male	Aug. 10, 1912	May 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
El Cajon	San Diego	Patricia A. Pierre, daughter 2433 Colinas Paseo El Cajon, Ca.

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 Cemetry, 3751 Market St., San Diego, Ca.	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 14065 Olde Highway 80 Leneda, Inc., El Cajon, Ca.	DATE CREMATED 5/1987	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 Cardboard urn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a ash Vault		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAY 18 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 5/27/87 (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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

№ 34584

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/18/87, 19__

From: Patricia Pierre Address: 8433 Colinas Paseo El Cajon 92021

Two hundred forty two and 40/100 Dollars ($ 242 40/xx)

In full Payment of Internment of Duncan MacKenzie due

Lot 903 Grave — Row — Section 1 Division ~~Block~~ 8

Invoice No. —

Acct. No. —

W.O. E6670

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) ~~E 6670~~ Ch # 454

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	—	—
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 ~~77182~~ 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

1PM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/18/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billy Ray Cooper

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 11 Am 5/19

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 _____ .

Lot 44 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 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 34585	100.00
Balance due	756.00

Note for #378- 6/20 378- 7/20/87

I hereby certify I am the Life of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Lenor Cooper
Signature

1625 Havana St
Address

Ca 92114
State Zip Code

(619) 267-7469
Telephone

Invoice # 056410

Acct. # 021987

Work Order # E 6671

PY-593 (REV. 8-85)

Legal Typed

W.O. NO. E6671

NOTE—STRAIGHT

$ 756.00 San Diego, California, May 18, 1987

30 & 60 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seven Hundred fifty Six and no/100 DOLLARS,

with interest from July 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 Lena Cooper

1625 Havanac St. S.D. 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

*378.00 on 6-20-87
378.00 on 7-20-87

056410 05/20/87 021987 LINDA COOPER 05/21/87 CA E6671 756.00 756.00 0.00
PAID IN FULL

E-6671

100	072	77181	000072	320.00
100	072	77182	000072	100.00
100	072	77183	000072	35.00
100	072	77184	000072	100.00
100	072	77185	000072	145.00
60101		78390		6.00
67007		77184		50.00

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 1,533.90

OFFICIAL RECEIPT

№ 34585

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/18/87, 19

From: A. Cooper Address: S.D.

One Hundred and no/100 Dollars ($ 100.00)

In Deposit Payment of Interment of Billy Ray Cooper - Ia

Lot 44 Grave 10 Row ~ Section 2 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E 6671

BALANCE DUE 756.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales 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	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 11-86)

№ 34598

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-21, 1987

From: Geo. A. S. Cooper Address: 5163 Lapaz Dr. S.D. Ca 92114

Seven hundred sixty six and no/100 — Dollars ($ 756.00)

In full Payment of Billy Ray Cooper Services

Lot 44 Grave 10 Row Section 2 Division Block 11

Invoice No. 056410

Acct. No. 021917

W.O. E 66 71

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.

5/29/87

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 77182	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	756.00

AC-212 (Rev. 11-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E66671

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Billy Ray Cooper	Male	Aug. 30, 1953	May 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	Linda Diane Cooper - Wife 1625 Hovanec Street San Diego, CA 92114

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 OR WHERE CREMATED: n/a	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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	MAY 19 1987	▶ Gerald L. Ramos, M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/19/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stetson	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 5/18/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Percy Lee Hunt in a Bill Lewis Vault/Liner Funeral, date, time Wed 5/20 / 2 P.M. Church, Chapel, Graveside Church - GS. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 5304 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Upright Std Marker O.K.	695 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	1301 00

Paid 5/21/87

30 day note

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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

James B. Hunt
Signature
1193 Klauber Ave
Address
Ca. 92114
State Zip Code
263-7395
Telephone

Invoice # 056727

Acct. # 022054

Work Order # E 6672

PY-593 (REV. 8-85)

W.O. NO. E6672

NOTE—STRAIGHT

$ 1301.00 San Diego, California, May 18, 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 Thirteen Hundred one and no/100 DOLLARS.

with interest from June 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 James B Hunt

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6671

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PERCY LEE HUNT	Female	Jan. 27, 1920	May 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	James Hunt - Son 680 Pyramid Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Andersob-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: MAY 20 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/20/87 (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		

Stet Sealer
"Bulls" 20g
Linen Hdkf in Glove
9" at Foot — 14" at Head

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 05-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Willy Marshall in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 1:00 5/21 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 Yes! - Military U.S. Navy

Lot 13 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	595 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	201 00
Paid receipt number 34588	300 00
Balance due	901 00

30 Day note
05-18-87

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.

Thomas R Marshall
Signature
5389 SANTA MARGARITA #25
Address
S.D. CALIF 92114
City Zip Code
619-266-9563
Telephone

I hereby authorize the interment in lot I hold under deed.

Thomas R Marshall
Signature of recorded holder of deed

Work Order # E 6673

Invoice # 056726

Acct. # 022053

FY-593 (REV. 8-85)

W.O. NO. E6673

NOTE—STRAIGHT

$ 901.00 San Diego, California, May 21, 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 One and no/100 DOLLARS

with interest from June 21, 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 Thomas R. Marshall

5389 Santa Margarita #24

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

1924 E6673

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TOm Willie Marshall	Male	Oct. 9, 1924	May 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	Thomas R. Marshall-Son 5389 Santa Margarita AVe., #25 San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial AvW., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XXX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount HoppeCemetery, 3751 Market Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED
	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA Metal Sealer Navy Team Retired City Emp	
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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	MAY 19 1987	▶ Donald G. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/21/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
		▶ Georgia Stetler	

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH
	NA

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 34588

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#25

Date: 05-18, 19 87

From: Thomas Marshall Address: 5379 Santa Margarita, Sala B114

Three hundred and no/100 Dollars ($ 300.00)

In: art Payment of Tom W. Marshall services

Lot 13 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 6673

BALANCE DUE $901.00

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. Tay

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	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	$	300	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/18/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isabel Marie Vincent

in a Vault/Liner Pour in Place Vault Funeral, date, time AOP TUE 4/2

Church, Chapel, Graveside over Vault ; 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 259 Grave — Row — Section 4 Division/Block 8

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container (Pour in Place Vault (cemetery))	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 34591	242.40
Balance due	0

PAID
Forming Fee
MAY 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Via Phone
Jerry Conrad

See Deed # 11034

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6674

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 34591

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/18/87 19

From: Conrad Mortuge Address: 7387 Broadway Lemon Grove 92045

Two Hundred forty two and 40/100 Dollars ($ 242.40)

In full Payment of Assignment of Isabel Marie Vincent in Armin Wm - Cement Protection Vault

Lot 259 Grave — Row 2 Section 7- Division Block 8

Invoice No. —

Acct. No —

W.O. E-6674

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 4337

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Peggy

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 77185	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

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DUPLICATE DEED
3/18/85

E6674

DEED

Nº 11034

OWNERSHIP AND INTERMENT PRIVILEGES

TO Isabel M. Vincent for the sum of $ 75.00 (DOLLARS)

LEGAL DESCRIPTION Lot 259, Section 4, Division 8 (Double ash plot)

AS DESCRIBED ON PURCHASE ORDER NUMBER D-2694 Used 5/20/87

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker

Barbara Lang
Cemetery Manager

no more Family Known

Martin Burleson
Property Director

PV-884

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E66674

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ISABEL MARIE VINCENT	Female	March 23, 1916	April 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
El Cajon	San Diego	Pre-need

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: Leneda, Inc. 14065 Olde Hwy 80 El Cajon, CA	DATE CREMATED: 4/22/87	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: APR 21 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Cummins, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/20/87 (ENTER DATE) 259/4/8	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn A. Burmeister — (P.A.)

in a none (Vault/Liner) Funeral, date, time Tuesday 5/19

Church, Chapel, Graveside none ; 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 53 Grave ____ Row ____ Section Loof ~~Division~~/Block O

Grave space & Care Fund	D-5782-
Additional spaces and care fund	none - on top of
Opening/Closing & Setup	320.00
Burial Container	—
Handling Fees	70.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	—
Total Due	425.00
Paid receipt number 34592	425.00
Balance due	0

PAID
MAY 19 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

P.A. approved

I hereby certify I am the Ok'ed by P.A. for of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Burial on Top of Husband

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 6675

Acct. # ____

PY-593 (REV. 8-85)

Legal Typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6675

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EVELYN A. BURMEISTER	Female	May 19, 1919	May 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
El Cajon	San Diego	F. Gesiakowski-Conservator 5201 Ruffin Rd. San Diego, CA 92123

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

- [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 - 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 MAY 15 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/19 (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 N/A		

Cloth Covered
Flat China
no Hardware
no Liner
P.A. Burial

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 34592

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/19/87, 19

From: Roger Nortenay Address: 4094 Umbrella SD 92105

Four Hundred Twenty five and no/100 Dollars ($ 425.00)

In full Payment of Interment of E. A. Burmeister - Dec

On P.A. Special

Lot 53 Grave Row Section IOOF Division Block O

Invoice No.

Acct. No.

W.O. E6675

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 16418

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Roger

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	77185 100 ~~77183~~	70	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	425	00

#1030639
P.A.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gail Georgia Dorney

in a none Vault/Liner Funeral, date, time Thurs. 5/21 2:30

Church, Chapel, Graveside Delaney : 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 158 Grave 2 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... (Top of Double Deep) 55

Additional spaces and care fund .....

Opening/Closing & Setup 90

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Bill P.A. Via Phone Pat Williams. D.P.A.

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 # 056729

Acct. # 00952

Work Order # E 6676

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

F6476

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gail Georgia Dorney	Female	June 5,1912	May 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
El Cajon	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

- [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 Top of DI Deep Flat China Nova Pacific Board Plaster (4)		
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: MAY 20 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 5/21/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyce Stutes		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 5/20

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Merck, Olga

in a Bell Lew (Vault/Liner) Funeral, date, time Fri 10Am - 5/22

Church, Chapel, Graveside Chapel & G.S. : Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 58 Grave 4 Row ____ Section 7 Division/Block 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	
Paid receipt number 34602	35.00
Balance due	0

I hereby certify I am the Via Show of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Wm Bishop

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 6677

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6677

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLGA MERCK	Female	July 24, 1898	May 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	Olga Merck - Self (Pre-need)

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego CA 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 Luther King - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Metal Sealer Batesville - Loga		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Greek Orodox Russian		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00	DATE PERMIT ISSUED: MAY 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 5/22/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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

№ 34602

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/22/87, 19

From: Rogers Mortuary Address: 4094 University — SD 92105

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Reg fees for Olga Merch - Inc

Lot 58 Grave 4 Row Section 7 Division Block 1

Invoice No.

Acct. No.

W.O. E6677

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

16424

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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Horace Dixon

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 5/22 - 2 P.M.

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 51-52 army

Lot 112 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee V.A. Marker - 125	125.00
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	981.00
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 Theresa Saunders
Signature

3483 Ocean View
Address

SD 92113
State Zip Code

264-8724
Telephone

Work Order # E 6678

PY-593 (REV. 8-85)

Invoice # 056723

Acct. # 022051

legal typed

W.O. NO. E6678

NOTE—STRAIGHT

$ 981.00 San Diego, California, May 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 Nine Hundred Eighty one & 00/100 DOLLARS

with interest from June 21, 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 Theresa Saunders

3983 Ocean View Blvd

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

W.O. NO. E6678

NOTE—STRAIGHT

$981.00

San Diego, California, May 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 Nine Hundred Eighty one & 00/100 DOLLARS.

with interest from June 21, 1984 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 Theresa Saunders

3983 Ocean View Blvd

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederine Howard

in a Double Crypt (Vault/Liner) Funeral, date, time Tues 5/26 2:00

Church, Chapel, Graveside Church + GS ; Rapdale Mortuary.

All Funeral cars must 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 8 Row ____ Section 1 Division/Block 12

Grave space & Care Fund E6655 Pruned #5	590 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container Double Crypt	330 00
Handling Fees Burial on lower level —	320 00
Flower vases - Marker setting fee	
Recording and filing fee	3 50
Sales taxes	19 80
Total Due	1614 80
Paid receipt number	
Balance due	

Called by Rapdale notified 3 boxes

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

Deed 11413

Work Order # E 6679

PY-593 (REV. 8-85)

#11407

Signature Charles M. Howard

Address 3031 47th St #A27

State San Diego CA Zip Code 92102

Telephone 263-6529

Invoice # 056722

Acct. # 022047

W.O. NO. E6679

NOTE—STRAIGHT

$ 1614.80 San Diego, California, May 23, 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 Sixteen hundred fourteen and 80/100 DOLLARS.

with interest from June 25, 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 Charles M. Howard

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E66679

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FREDERINE MARNE HOWARD	Female	Feb. 17, 1919	May 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
National City	San Diego	Charles Howard - Husband 303 N. 47th St. A-27 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 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 MAY 26 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 5/26/87 (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.

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
056772	05/29/87	022047	CHARLES M. HOWARD					06/17/87	CA		1,614.80	1,614.80	0.00
			100			77181					320.00		PAID IN FULL
E-6679			100			77182					330.00		
			100			77183					35.00		
			100			77184					471.00		
			100			77185					320.00		
			60101			78390					19.80		
			67007			77184					119.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,614.80

MEMO

☐ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

E6679

TO Ernest
Auditors

Acct: 022047
Charles Howard

FOLD

MESSAGE Please void invoice 058240. Mr. Howard was billed twice in error (ref inv. 056722) Also Please cancel automatic billing

SIGNED Sandra Wood
Admin Asst II
Mt. Gage

REPLY

Voided 7/17/87

FOLD

SIGNED Ed DATE 7/17/87

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

MEMO

☐ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

E6679

TO Ernest Auditors

Acct 022047
Charles Howard

FOLD

MESSAGE Please void invoice 058240. Mr Howard was billed twice in error (ref inv. 056722). Also cancel automatic billing.

SIGNED Sandra Ward
Admin Aide II
Mt. Hope

REPLY

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

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E6679

CHARLES M. HOWARD
303 N 47TH STREET A27
SAN DIEGO CA 92102

ACCT NO
022047

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/10/87	08/09/87	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
BARBARA LANG REF NO: E-6679
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264 3151

DESCRIPTION OF CHARGES	AMOUNT
FREDERINE HOWARD SERVICES	
LOT 13 GR 8 SEC 1 DIVN 12	590.00
OPENING/CLOSING	320.00
DOUBLE CRYPT LINER	330.00
HANDLING FEES	320.00
TAX ON LINER	19.80
RECORDING FEES	35.00
TOTAL DUE	1,614.80

AC-22 (REV. - 2/82)

RETURN WITH PAYMENT

INV NO. 058240

09302

E 6679

6/3/92
Original Given to Dawn - Collection - for Court - Thursday 6-14-92

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Horace Dixon

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 5/22 - 2 P.M.

Church, Chapel, Graveside Chapel & G.S. ; Rose Dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 51-52 army

Lot 112 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	none
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee V.A. Marker - 125	125 00
Recording and filing fee	3 50
Sales taxes	6 50
Total Due	981 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 Theresa Saunders
Signature
3483 Ocean View
Address
SD 92113
State Zip Code
264-8724
Telephone

V

Work Order # E 6678

Invoice # 056723

Acct. # 022051

PY-593 (REV. 8-85)

legal typed

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6679

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Horace Dixon	Male	July 17, 1932	May 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	Sonya Dixon - Daughter 3060 "B" Street #24 San Diego, California 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 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 Wooden Blue Arlington		
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 MAY 22 1987
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D. mm		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/22 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2nd Burial Double Crypt

Date 05-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel M. Allen

in a _____ Funeral, date, time 11Am 5/29/ Fri

Vault/Liner

Church, Chapel, Graveside Chapel & G.S. ; Lemon Gol. Mortuary.

All Funeral cars must 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 90 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund (1973) D-2861 Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup 320.00

Burial Container ..... Top of D.C. —

Handling Fees ..... —

Flower vases - Marker setting fee ..... —

Recording and filing fee 35.00

Sales taxes .....

Called by 30 day note Total Due 355.00

Jerry

Paid receipt number _____

Balance due _____

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Norine M Lee

Address _____

State _____ Zip Code

Telephone _____

Invoice # 057284

Acct. # 022231

Work Order # E 6680

PY-583 (REV. 8-85)

W.O. NO. E6680

NOTE—STRAIGHT

$ 355.00 San Diego, California, 5/27/87, 19__

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Three Hundred Fifty-five DOLLARS

with interest from June 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 Florine M. Lee

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6680

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MABEL ADAMS ALLEN	female	Sept 13, 1899	May 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	Florine Lee - daughter 8301 Bashan Lake Avenue San Diego, CA 92119

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 - 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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Octgon 3/4 - Flat top - cloth 6 - Plastic Handles		
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 MAY 28 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/29 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stetts	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.

8991

057284 06/12/87 022231 FLORINE LEE 06/15/87 CK 137 355.00 355.00 0.00

E-6680

100	072	77181	000072	320.00	PAID IN FULL
100	072	77183	000072	35.00	

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 455.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 22 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harris, Maude C

in a Bell Liner (Vault/Liner) Funeral, date, time Fri. 5-29-87 @ 11:00

Church Chapel, Graveside Church/Grave; 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 369 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ~~A 326~~ Preneed E 178 ..... —

Additional spaces and care fund ..... None

Opening/Closing & Setup ..... Preneed ..... ~~320.00~~

Burial Container ..... Marker in error on wrong side ..... Paid on E 178 - 1978

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

PAID
MAY 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 34603 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

J E Harris Jr
Signature

4550 Chairemt Mesa
Address

S.D. Ca 92117
State Zip Code

273-1945
Telephone

Invoice #

Acct. #

Work Order # E 6681

PY-593 (REV. 8-85)

367							
368	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	
369	E 6681	HARRIS, Mack H. &Maude C.	12/24/80	255.00		E-1978	OVER
370	HARRIS, Mack H.	HARRIS, Mack H. &Maude C.	12/24/80	255.00	1/6/81	E-2009 E-1978	OVER
371	ANOLIN, Filadelfo	GIVENS, Ruth A.	9/26/1977	200.00	9/29/1977	D-8463	
372		GIVENS, Ruth A.	10/19/1977	200.00		D-8535	

Name on Reverse on Marker 1980

We Buried Mandeville 369

TAYLOR SYSTEM OF CEMETERY RECORDING

FORM 61

LEGAL DESCRIPTION

SAN DIEGO, CALIFORNIA

Lots 373 thru 384 DIVISION 10

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
373						
374	WASHINGTON, Thomas	MATHEWS, Pearl	3/24/1976 200.00	3/26/1976	D-6819	
375		SIMPKINS, Helen	4/24/1975 180.00		D-5756	for Helen Simpkins
376		" " "	" " "		" "	for Eva Lake
377	LAKE, BESSIE	SIMPKINS, Helen	4/24/1975 180.00	4/28/1975	D-5755	
378	KENNEDY, Jack Udell	KENNEDY, Inez V.	10/25/1974 180.00	10/29/1974	D-5103	
379		" "	1/31/1975 180.00		D-5451	

379

380

381

382 Pre-need opening $120.00 & cement burial liner chgs $84.80 paid. W.O. D-5893.

383

384

Received in exchange for lot 13 Gr 8 Sec 8 Div 5. See W.O. D-5852.

Pre-Need Opening $185. & Liner $148.40 Paid On E-1978

Pre-Need Opening $185. & Liner $148.40 Paid On E-1978

PERMIT FOR D[illegible]SITION OF [illegible]AN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6681

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maude C. Harris	Female	April 7, 1905	May 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
Shula Vista	San Diego	Jewell Harris-Son 4550 Clairemont Mesa Boulevard San Diego, California 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Aven, San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAY 26 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. TS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/29/87 (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

№ 34603

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 25, 19 87

From: Jarell Harris Address: 4550 Clairemont Mesa Blvd SD92117

Thirty five dollars and 00/100 Dollars ($ 35.00)

In full Payment of Maude C Harris - Lee
- Rel fee -

Lot 369 Grave Row Section Division Block 10

Invoice No.

Acct. No

W.O. E6681

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	
Handling Fee	100 77183	~~35 00~~
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 79390	
TOTAL PAID	$	35 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

913

ISSUED BY Dave Lowrey

AC-212 (Rev. 11-86)

425-9111

2' casket per Joe

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant Tonie Robinson Flores -2

in a gravel only - Vault/Liner Funeral, date, time ~~Tuesday~~ Wed 5/27 10A

Church, Chapel, Graveside Graveside ; Hamphris Mortuary.

All Funeral cars must 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 643 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 none - gravel -	—
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	199.00
Paid receipt number 34607	50.00
Balance due	149.00
34615	149.00

PAID
MAY 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Balance due 5/26 -

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 Delia Esquivel
Signature

423 E. 7th ST. Apt. D
Address

National City CA. 92050
State Zip Code

619-474-1835
Telephone

Invoice #

Work Order # E 6682

Acct. #

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6682

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TONY ESQUIVEL FLORES	Male	May 20, 1987	May 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	Delia Sida Esquivel (Mother) 423 East 7th Street Apt. d National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ENGAGED)	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 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: MAY 26 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 MAY 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

"Baby"

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 34607

Date: 5/25/87, 19

From: Delia Esparza Address: National City

Fifty and no/100 Dollars ($ 50.00)

In Defont Payment of Burial Defont on infant

Lot 643 Grave — Row — Section -/- Division 9 Block

Invoice No.

Acct. No.

W.O. E6682

BALANCE DUE 149.00

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 Loya

CREDIT	87007	
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	50101 78390	
TOTAL PAID	$	50 00

№ 34615

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

#D

Date: 05-27, 19 87

From: Delia Esquivel Address: 423 E. 7th, N.C. Ca 92050

One hundred forty nine and no/100 — Dollars ($ 149.00)

In full Payment of Tony L. Flores services

Lot 643 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E 6662

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	30.00
Opening/ Closing	100 77181	99.00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	149.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/26/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Lightner &

in a Ash Vault (Vault/Liner) Funeral, date, time 5/27/Wed/ 1 P.M.

Church, Chapel, Graveside Graveside : Humphries 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 4485 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund ..Purchased for Husband Lot	0
Additional spaces and care fund ..... none	0
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and Mailing fee	35.00
Sales taxes	2.40
Total Due	242.40 ~~242.60~~
Paid receipt number 34617	242.40
Balance due	0

PAID
MAY 07 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Pay 5/27

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

Vin Phone OK.

S/ Lightner
Signature

Address

State 457-1180-535 Zip Code

Telephone

Invoice # ____

Work Order # E 6683

Acct. # ____

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6683

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELIZABETH LIGHTNER	Female	02-15-1918	Found May 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
La Mesa	San Diego	Thomas G. Lightner (Son) 3850 Mt. View Way 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 5/25/87	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 MAY 22 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 5/27/87 (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 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

№ 34617

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/27/87, 19

From: Thomas G Lightner Address: Bonita Ca

Two Hundred forty two & 40/100 Dollars ($ 242.40)

In full Payment of Indemnment of Cremaine of Elizabeth Lightner dec

Lot 4485 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E6683

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 0546

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

011239

CITY AUDITOR

JUN 4 1987

ISSUED BY Lloyd

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	77185 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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6683

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDUWIGIS ALVAREZ-PEREZ	FEMALE	MARCH 9,1939	MAY 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
SAN DIEGO	SAN DIEGO	JAVIER GUILLEN FLORES- HUSBAND CALLE CIRCUNVALACION # 227 LOS ALAMOS, TIJUANA, MEXICO

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AT EACH)	CALIFORNIA LICENSE NUMBER
LATIN SOCIETY MORTUARY SERVICE 3471 PICKWICK ST. SAN DIEGO CA. 92102	F -1425

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR 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 / 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 Bolton Steel H.P. Very Poor Cashet from Tijuana Crucifix Center foot	
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: MAY 26 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/28/87 (ENTER DATE) / SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gwyn 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 SAN DIEGO HEALTH DEPARMENT 17000 PACIFIC HWY RM 101 SAN DIEGO, CALIFORNIA 92101	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

County of S.D. case # 1030825

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edwiges Alvarez Perez

in a _____ Vault/Liner Funeral, date, time Thur 5/28/ 2:30

Church, Chapel, Graveside (No Service) Latin Society Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Family ~~may~~ Coming

Lot 150 Grave 4-Bottom 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	

Metal Casket from Tijuana

Latin Society #544-9333 Harry

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dennis

County of SD
Signature

Pat Williams
Address

State Zip Code

Telephone

Invoice # 056730

Acct. # 000952

Work Order # E 6684

PY-593 (REV. 8-85)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

E66684

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

ALVAREZ
CC#87-1029

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
EDUWIGIS	----------	ALVAREZ-PEREZ	FOUND May 20, 1987	1615

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO ☐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
FEMALE	WHITE/HISPANIC		MARCH 9,1939	48 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
MEXICO	CANDIDO ALVAREZ-MEXICO	ARCADIA PEREZ-MEXICO

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)
MEXICO	19 ___ TO 19 ___	NONE	MARRIED	JAVIER GUILLEN FLORE

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
HOUSEWIFE	ADULT LIFE	SELF	HOMEMAKING

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
218 GRAPE STREET		SAN DIEGO

19D. COUNTY	19E. STATE
SAN DIEGO	CALIFORNIA

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Apartment	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
218 Grape Street	San Diego

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

JAVIER GUILLEN FLORES - HUSBAND

CALLE CIRCUNVALACION # 227

LOS ALAMOS, TIJUANA, MEXICO

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE: Carcinoma breast, left, with extensive

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) local metastases, chest

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
Natural death				

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: 5-21-87

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	5-27-1987	MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA.	6378

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
LATIN SOCIETY MORTUARY SERVICE	F-1425		

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VR-1171-RR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 26, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christina H. Martin tri

in a Liner (Vault/Liner) Funeral, date, time 5-29-87 11 A.M.

Church, Chapel, Graveside Church/Grave; 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 1467 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund	—
Additional spaces and care fund	
Opening/Closing & Setup	350.00
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 34614	606.00
Balance due	0

PAID
MAY 26 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

other grave
Mr. Martin

I hereby certify I am the OK Shore Gas of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6685

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 61685

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHRISTINA H. MARTIN	Female	July 4, 1917	May 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
National City	San Diego	James Martin - Husband 5441 San Mateo Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: Metal 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: MAY 28 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Ramos, M.D. mtr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/29/87 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 34614

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/26/87, 19

From: Anderson Ragadale Address: 5050 Federal Blvd SD 92102

Six Hundred Six and 00 Dollars ($ 606.00)

In full Payment of Interment of C. H. Martin - Dec

next to son

Lot 1467 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6685

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) ~~[illegible]~~ 7959

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	2
Burial Containers	100 77182	100	2
Handling Fee	100 77183	145	2
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Williams

in a Bell Vault Funeral, date, time Fri 5/29 1:30

Church, Chapel, Graveside ; Merkley-Mitchel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 119 Grave 5 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250 00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	100 00
Handling Fees	145 00
Flower vases - Marker setting fee	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 34623	856 00
Balance due	0

PAID
MAY 29 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.

Delivered by F.D.

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 6686

Acct. # ____

PY-593 (REV. 8-85)

Mortuary will bring check

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
057212	06/10/87	004821	CONTI AND SON MEMORIAL CO					06/23/87	CK	7148	1,410.00	1,410.00	0.00
			100			77185					1,410.00		PAID IN FULL
057283	06/12/87	022232	DONNA LOUISE GREEN					06/22/87	CA	86-006848	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				35.00		
			100	072		77184	000072				200.00		
			100	072		77185	000072				145.00		
			60101			78390					6.00		
			67007			77184					50.00		

Page 7

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6686

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ARTHUR WILLIAMS	MALE	APR 2, 1900	MAY 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	WOODROW WILLIAMS, SON 3527 ARRUZA STREET SAN DIEGO, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAY 26 1987 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Harold E. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/29/87 (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

OFFICIAL RECEIPT

№ 34623

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/29/87, 19

From: Merkley Mitchell Mortg Address: 3655 - 5th Ave - SD 92103

Eight Hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Interment fees for Arthur Williams Dec

Lot 119 Grave 5 Row — Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6686

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 5588

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

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~~ 27185	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 5/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie Lee Harris

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 2 P.M. 5/29

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 133 Grave 1 Row [illegible] Section 2 Division/Block 11

Grave space & Care Fund	50/200	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		

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

Donna L. Green
Signature

4676 "H" Street
Address

San Diego 92102
State Zip Code

263-3576
Telephone

Invoice # 057283

Acct. # 022232

Work Order # E 6687

PY-593 (REV. 8-85)

W.O. NO. E6687

NOTE—STRAIGHT

$ 856.00 San Diego, California, May 27, 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 no/100 DOLLARS,

with interest from June 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 Donna L. Allen

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6687

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Rosie Lee Harris	Female	Feb. 22, 1920	May 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
National City	San Diego	Donna Louise Green - Daughter 5676 "F" 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 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: MAY 28 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 5/29 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stell	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 5/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of M. Mabel Allen

in a _____ (Vault/Liner) Funeral, date, time 11 AM 5/29/ Fri

Church, Chapel, Graveside _____ ; Lewis-Gabriel Mortuary.

All Funeral cars must arrive 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

Void see 6670

Work Order # E 6688

PY-593 (REV. 8-85)

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6688

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Grace Hayden	Female	Jan. 12, 1908	May 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
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
El Cajon Carroll Mortuary 684 So. Mollison Avenue - El Cajon, CA 92020	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		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Flat China	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 Postical Board 4 Plastic Handles (no Covering)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A on Top in Space		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAY 28 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 5/29/87 (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.

Case #1030841

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-28-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Hayden

in a _____ Vault/Liner Funeral, date, time Fri 5/29 9:00

Church, Chapel, Graveside Delivery ; Carroll's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 150 Grave 4-TOP Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Top of D.B.	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

Mark Hofsteder
Address

State Zip Code

Telephone

Invoice # 057215

Acct. # 000952

Work Order # E 6689

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys North ⊗ Thurs

in a ash Vault Vault/Liner Funeral, date, time A.D.P 6/4

Church, Chapel, Graveside No ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 9 Grave — Row — Section IOOF Division/Block 34

Grave space & Care Fund ⊗ to go in J.W. North Space

Additional spaces and care fund 2 left ft - (Olson left C)

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 34641	242.40
Balance due	0

PAID
JUN 3 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will Mail Ck.

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.

- Olson Via Phone

Signature

Address

State 284-8377 Zip Code

Telephone Confined to Home - Olson

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Put foot Right Center
Res Foot Left Center for Olson

Invoice # ____

Work Order # E 6690 Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

13

E6690

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLADYS WINONA NORTH	Female	April 04, 1914	May 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
Spring Valley	San Diego	Gerald L. Olson (Brother) 3676 Orange Avenue San Diego, CA 92104

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 6/1/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
FINAL AT SEA OR DISPOSITION OTHER 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 MAY 29 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 6/4/87 (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 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

№ 34641

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 06-03, 19 87

From: Gerald J. Olson Address: 3676 Crane [illegible] 92104

[illegible] hundred forty two and 40 [illegible] — Dollars ($ 242.40)

In full Payment of Gladys North services

Lot 9 Grave Row Section 100E Division Block 34

Invoice No.

Acct. No.

W.O. E 6690

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	105	00
Burial Containers	100 77182	40	00
Handling Fee 77185	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

E-6691

not included in

this spindle.

E6699 – E6601

E-6692

not included in
this spindle.

E6699 – E6601

E-6693

not included in this spindle.

E6699 – E6601

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Tillman

in a Used Vault (Vault/Liner) Funeral, date, time Thur - 6/4/ 2PM

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 89 Grave 6 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Single & Care	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Bell Liner - Concrete	100.00
Handling Fees		145.00
Flower vases - Marker setting fee		—
Recording and filing fee	no Liner in Stock	35.00
Sales taxes		6.00
	Total Due	856.00
	Paid receipt number 34625	856.00
	Balance due	0

PAID
JUN 1 - 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

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6694

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6694

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES TILLMAN	Male	Oct. 19, 1934	May 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
National City	San Diego	Zelma Statement - Mother 3071 Webster Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 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 Last Supper Sealed in a Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A No Liners on Hand		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JUN 1 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/4/87 (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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, 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

OFFICIAL RECEIPT

№ 34625

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/1/87, 19__

From: Zelma Stateman Address: SD 92103

Eight hundred fifty six and no/100 Dollars ($856.00)

In full Payment of Interment of James Tillman dec

Lot 89 Grave 6 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6694

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

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 77185	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

3/27/74
Wooden Casket
Lenie

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTER

Date 6/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dwight Linden Jackson-Sr.

in a In Heath Casket (Vault/Liner) Funeral, date, time Wed 6/3 Am 11:00

Church, Chapel, Graveside _____ ; Heath 477-4139 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Going to Greenwood

Lot 3433 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup ~~Disinterment fee~~	700.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	700.00
Paid receipt number 34691	700 —
Balance due	-0-

See Orders all signed in order

O.K. George Stetter

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

DISINTER

Invoice # _____

Work Order # E 6695

Acct. # _____

PY-583 (REV. 8-86)

Ok to Come from Heath

E6695

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

_____ MONTH 1987 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Dwight Linden Jackson, Sr.

from Lot 3433 Grave ~ Section ~ Row ~ Block ~ Div 10
and to remove the same to ~~and reinter said remains in Lot~~ ~ ~~Grave~~ ~
~~Section~~ ~ ~~Row~~ ~ ~~Block~~ ~ ~~Div~~ ~ . out of Mt. Hope via Heath Funeral Home.

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. Lot 3433-3434-3435 in name of Dwight L. Jackson Purchased in 1968 under C-5835 Work ordered by Jerome Jackson

* Jane Jackson		
Signature	Signature	Signature
* WIFE		
Relation to deceased	Relation to deceased	Relation to deceased
*		
Address	Address	Address

Received Body in Casket Linden Jackson June 3. 1987
Howard Heath

✓ I hereby authorized the above disinterment:

Jerome Jackson
(Lot owner must sign if not legal custodian)

✓ Jerome should sign — Witnessed by March Ass. of Funeral
* Jane must sign.

E6695

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 15381

DATE 5-20 1968

FROM Jerome Jackson ADDRESS 51 L St. C.V.

Four hundred thirty five & no/100 DOLLARS ($ 435.00)

IN full PAYMENT OF Pre-Need lots

LOT 3433 3434 3435 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. CASH

W.O. C-5835

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 22 1968

ISSUED BY R.W. Dehne

CREDIT SALES CARE	306 951	217	50
HALF SALES OF LOTS	100 7784	217	50
OPENINGS	100 7781		
BOXES	100 7782		
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		435	00

FORM AC-212

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 5-20 1968

CHARGE Jerome Jackson

ADDRESS Same

NAME OF DECEASED Pre-need

OWNER Dwight R. Jackson Sr.

ADDRESS 51 L St. Chula Vista

MORTUARY Heath

LOT 3433 3434 3435 GR PP-8 ROW SEC DIV 10 435 00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET

TOTAL $435.00

PAID RECEIPT NUMBER 15381

BALANCE

Reg. flush Marker Only

Jane Jackson - wife #3434

Jerome Jackson - Son #3435

PAID

MAY 20 1968

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 #3708 ORDER

PHONE BY Jerome Jackson

W.O. NO. C 5835

INVOICE NO. CASH

FORM PR REV.

E16695

FORM 61 **LEGAL DESCRIPTION** SAN DIEGO, CALIFORNIA

Lots 3433 thru 3444 DIVISION 10

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
3433	JACKSON, Dwight L.	JACKSON, Dwight L.	5/20/1968 145.00	3/27/1974	D-4250 C-5835	
3434		" " "	" 145.00		"	For Jane Jackson
3435		" " "	" 145.00		"	For Jerome Jackson
3436						
3437						
3438						
3439						
3440						
3441						
3442						
3443						
3444						

#3 Lucia

E66 95

D-4250

Name JACKSON, Dwight Linden, Sr.
LAST FIRST MIDDLE ASHES

Buried 3433 LOT GRAVE ROW SECTION BLK. 10 DIV.

DOA 3/25/1974 DATE OF DEATH 3/27/1974 DATE OF BURIAL Age 74 YRS. (1/1/1900) DATE OF BIRTH

Chula Vista, Calif. PLACE OF DEATH W RACE M SEX

Removed

Remarks Jane Jackson

PW-972

Registration No. 2872
Verified by Viski

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E66695

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DWIGHT LINDEN JACKSON	MALE	JAN. 1, 1900	MARCH 25, 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
Chula Vista	San Diego	Jane Jackson - Wife 347-A 'J' Street Chula Vista, CA 92010

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Greenwood Mausoleum, I-805 & Imperial Ave., 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 JUN 2 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Heath	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Removed for 6/3/87 to Heath— Machut Hexopened Casket from 3433-10		

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

№ 34691

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/12, 1987

From: [illegible] Address: 347A "J" St, Chula Vista

Seven hundred Dollars ($ 700 —)

In _____ Payment of Disinterment of Dwight Sender Jackson

Lot 3433 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 1E-6695

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
843

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	700	—
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date 6/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brookie Brown

S/F

in a not arrange yet 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 119 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	Single	495.00
Additional spaces and care fund	now	
Opening/Closing & Setup	not due	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	495.00
	Paid receipt number 34628	495.00
	Balance due	0

PAID
JUN 1 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 Brookie Brown
Signature

3265 Steele St
Address

San Diego 92113
State Zip Code

239-8855
Telephone

Invoice # _____

Work Order # E 6696

Acct. # _____

PY-593 (REV. 8-85)

Deed # 11410

legal Typed

№ 34628

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/1/87, 19

From: Brooksie Brown Address: 3265 Steele St SD 92113

Four Hundred Ninety five and 00/100 Dollars ($ 495.00)

In full Payment of Pre need grave space & Care fund —

Lot 119 Grave 10 Row — Section -1- Division Block 12

Invoice No.

Acct. No.

W.O. E6696

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1188

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	99.00
80% Sales of Lots	100 77184	396.00
Opening/ Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77183	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	495.00

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moses Harris

in a none (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 - 6298444

Lot 86 Grave 12 Row Section 1 Division/Block 11

Echange Gr (65-11-1-11) for 86-11-1-11

Grave space & Care Fund 495.00

Additional spaces and care fund Make exchange so

~~Opening/Closing & Setup~~ 2 Sp. Side By Side

~~Burial Container~~ (5-11-1-11 on D 9341-)

~~Handling Fees~~

~~Flower vault - Marker setting fee~~

~~Recording and filing fee~~

~~Sales taxes~~

To Bring in Deed

Credit Sale 6-1-87

Total Due $495.00

Paid receipt number 34631 30.00

Balance due 465.00 (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 Moses Harris
Signature

2721 Blackton Dr
Address

S.D. 92105
State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6697

PY-593 (REV. 8-85)

7-6-87 34771

465-00
30 00
435-00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39656

Date: 7 — 4 — , 1990

From: Harris, Mose Address: 2121 Euclid Dr. S.D. Ca. 92105

Dollars ($)

In - Payment of

Lot 26 Grave 12 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-697

BALANCE DUE 169.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Robert Jones

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	30.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 41290

Date: Sept 25, 19 91

From: Laura Myers Address: 2721 Blockton Dr. SD 92105

Thirty-five and no/cents Dollars ($ 35.00)

In part Payment of Pre-need lot

Lot 86 Grave 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6607

BALANCE DUE 34.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	35	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	$	35	00

E6697

11892

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO ROSE MAE AND MOSES HARRIS for the sum of $ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 86, Graves 11 and 12, Section 1, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-9341 and E-6697

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

J. T. [illegible]
Property Director

PY-584 (Rev. 12-92)

OFFICIAL RECEIPT

№ 34631

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/1/87, 19

From: Moses Harris Address: 2721 Blackton St SD 92105

Thirty and no/100 Dollars ($ 30.00)

In Deposit Payment of Credit Sale

(Exchange Sp for Sp - 65-11-1-11 to 86-11-1-11)

Lot 86 Grave 12 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E6697

BALANCE DUE $465.00

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	57007 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 78300	—
TOTAL PAID	$	30.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34771

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-6, 1987

From: [illegible] Address: 2721 Blackton Dr, SD

Thirty dollars Dollars ($ 30.00)

In _____ Payment of Credit Lot Sales

Lot 86 Grave 12 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6697

BALANCE DUE 435.00

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	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	—
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	—

AC-212 (Rev. 11-86)

Moses Harris

No 37435

CITY AUDITOR
MAR 10 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

APR 07 1989

№ 37615

Date: 4/4/89, 19

From: Moses Harris Address: 2721 - Blackton St / S.D.

Thirty two and no/100 Dollars ($ 32.00)

In Deposit Payment of Credit Sale

Lot 86 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6697

BALANCE DUE 371.00

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 George

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	32.00
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	$	32.00

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

№ 37723

Date: 5-2, 19 89

From: Mrs Harris Address: 2721 Glacier Dr, SD

Thirty-two 00/100 Dollars ($ 32.00)

In Payment of Credit Lot Sale

Lot 86 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. 2-6697

BALANCE DUE 329.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wall

CREDIT	67007	
20% Sales Care	77184	32 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	$	32 00

CITY AUDITOR
MAY 08 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37886

Date: 6-2, 1989

From: Mason Harris Address: 2721 Stockton Ave, SD

Thirty and less no/100 — Dollars ($ 30.00)

In _____ Payment of Credit Lot

Lot 06 Grave 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-6697

BALANCE DUE 309.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY [signature]

CREDIT	67037		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	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	$	30	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

№ 38341

Date: Aug 2, 1989

From: Moses Harris Address: 2721 Blockton Drive

Shirley Two 00/100 Dollars ($ 32.00/100)

In part Payment of Credit Lot

Lot 86 Grave 12 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. 5-6697

BALANCE DUE $277

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY R. Howson

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	32 —
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	$	32 —

CITY AUDITOR
AUG 07 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37982

Date: 10-2 19 89

From: Mass Harris Address: 2721 Blackton Dr, SD

Forty - no/100 Dollars ($ 40.00)

In _____ Payment of Credit Lot

Lot 86 Grave 12 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No. _____

W.O. 8-6697

BALANCE DUE 237.00

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
OCT 10 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	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

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

CITY AUDITOR
APR 9 1990

№ 39050

Date: 84-2, 19 90

From: [illegible] Address: 2721 Blackton Dr. SD 92105

Forty Dollars 00/100 Dollars ($ 40.00)

In _____ Payment of Credit Lot

Lot 12 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-6097

BALANCE DUE 9.77

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	40 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	$	40 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
527-3400

№ 41462

Date: 11-5-, 1991

From: MOSES & HARRIS Address: 2721 BLACKTON DR SAN DIEGO CA 92105

FIFTY AND 00/100 Dollars ($ 50.00)

In PART Payment of CREDIT LOT

Lot 86 Grave 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6697

BALANCE DUE 84.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jorgo

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	50101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42073

Date: 4/2, 1992

From: Moses Harris Address: 2721 Blackton Dr. SD 92105
Thirty 70/100 Dollars ($ 30.—)

In _____ Payment of Pre-Need Lot

Lot 16 Grave 12 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6697

BALANCE DUE $54.—

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 J Wait

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 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 1-91)

FORM 61 LEGAL DESCRIPTION E6697 SAN

LOT 86 SECTION 1 DIVISION 11

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMARKS
1	SPARKMAN, Frank W. Jr.	SPARKMAN, Suella	4/18/1977	(D.I.P) 300.00	4/20/1977	D-8004	X-DEEP
2							
3	SLAGLE, William Herbert	SLAGLE, Jewel E.	11/3/1974	(D.I.P.) 250.00	11/4/1974	D-5131	X-deep
4							
5	SMITH, Bruce H.	LAWSON, Judie M.	6/14/1977	200.00	6/16/1977	D-8164	
6							
7	MARTIN, Dwight A.	MARTIN, Dolores	10/28/1975	200.00	10/30/1975	D-6359	
8		MARTIN, Dolores	10/28/1975	200.00		D-6359	
9							
10							
11	See E-6697 Exchange 65-11-1-11						
12	See E6697						

TAYLOR SYSTEM OF CEMETERY RECORDING

6/1/87 Exchange 65-11-1-11
E-6697- for 86-11-1-11 To Bring deed in

FORM 61 LEGAL DESCRIPTION E6697

LOT 65 SECTION 1 DIVISION 11

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	RE
1	IDDINGS, William Ellis	IDDINGS, William E. & Frances	4/20/1973	(D.I.P.) 250.00	5/10/1982	E-3045 D-2995	Top Seal OV
2	BENKER, Leo H.	BENKER, Ruth E.	4/5/1977	200.00	4/6/1977	D-7957	
3							
4		ANDREWS, John R. & Mildred A.	2/22/1975	165.00		D-5545	
5		ANDREWS, John R. & Mildred A.	2/22/1975	165.00		D-5545	
6	aka: HOAR ORR, Isaiah	ANDREWS, Mildred A.	1/15/1973	165.00	1/17/1973	D-2601	
7	VICK, Theodore M.	VICK, Maye I.	1/30/1980	230.00	2/1/1980	E-1078	T.
8		VICK, Maye I.	1/30/1980	230.00		E-1078	
9	NELSON, Lonnie J.	CRAWFORD, Linda N.	8/5/1978	200.00	8/7/1978	D-9508	
10	aka McGLORY, EUGENE LITTLES, JOSEPH	PRUDAM, LYDIA	5/4/1981	355.00	5/5/1981	E-2325	
11	Exchange for 86-11-1-11	HARRIS, Moses & Rose Mae	6/27/1978	200.00		D-9341	
12	SWEPSTON, James Vann, jr.	SWEPSTON, Ramona	1/26/1973	165.00	1/29/1973	D-2649	

TAYLOR SYSTEM OF CEMETERY RECORDING

6/1/87 - E - 6697

Rose

NAME Harris, Moses ACCT. NO. E-6697

ADDRESS 2721 Blackton Drive, San Diego, Ca 92105 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jun 1 87	Lot 86, Gr 12, Sec 1, Div 11	495 00		60 00	435 00
5-3 89	Receipt 37435			32.00	403 00
4-4 89	Receipt 37615			32.00	371 00
5-2 89	Receipt 37723			32.00	339 00
6-2 89	Receipt 37886			30.00	309 00
8-2-89	Receipt 38341			32.00	277 00
10-2 89	Receipt 37983			40.00	237 00
12-2-90	Receipt 39050			40.00	197 00
9-4-90	Receipt # 39656			30.00	167 00
9-25-91	receipt 41290			35.00	132 00
11-5-91	Receipt # 41762			50.00	82 00
4-2-92	Receipt #42073			30.00	52.00
1-24-95	R-45860 Paid off			54.00	-0-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45860

Date: 2-24, 1995

From: MOSES HARRIS Address: 2721 Blackton DR., SD 92105

Fifty-four & no/100 Dollars ($ 54.00)

In full Payment of pre-need lot

Lot 86 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6697

BALANCE DUE -0-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007	54	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	54	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs Mary Leavis Wolfe

in a Double Crypt (Vault/Liner) Funeral, date, time 6/2/87 - 10 Am - Tues

Church, Chapel, Graveside Chapel + GS ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Bottom of Crypt

Lot 134 Grave 7 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund (Top Open)	
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	

Pre need Trust Pd.

Via Phone
Wm Bishop

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

In Bottom

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6698

PY-593 (REV. 8-85)

E 6698

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 LEAVIE WOLFE	Female	Aug. 29, 1920	May 29, 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	Louis Wolfe - Husband 4244 Landis St. San Diego, CA

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 Luther King - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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 JUN 1 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 6/2/87 (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.

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie J. Johnson

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 117 Grave 6 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	595 00
Additional spaces and care fund	none
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595 00
Paid receipt number 34634	20 00
Balance due	575 00

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 Jessie Johnson
Signature

6464 Crestmont Dr
Address

San Diego 92114
State Zip Code

264-5297
Telephone

Invoice # _____

Work Order # E 6699

Acct. # _____

PY-593 (REV. 8-85)

6-30-87	34756	575.00
		25
		550.00
8-4-87	34876	25.00
		525.00
9-4-87	34994	25.00
		500.00
10-1-87	35086	25.00
		475.00
11-4-87	35248	25.00
		450.00
12-4-87	35363	25.00
		425.00
1-4-88	35491	25.00
		400.00

OFFICIAL RECEIPT

№ 34634

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/2/87, 19

From: Leesie J Johnson Address: 5464 Craton SD 92114

Twenty Dollars ($ 20.00)

In Full Payment of Credit Sale Deposit

Lot 117 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6699

BALANCE DUE 57.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
3501

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Peggy

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

№ 34756

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-30, 1987

From: Jessie Johnson Address: 5464 Creston Dr, SD 92114

twenty-five Dollars ($ 25.00)

In _____ Payment of Coupon #1 Credit Lot Sales

CITY AUDITOR

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

JUN 30 1987

Invoice No. _____

Acct. No. _____

W.O. E-6679

BALANCE DUE $550

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3532

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

012281

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	—

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699 E-6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						X					

Amount due when paid on or before due date above: 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ 26.00

Amount Received $ _____

NAME Gussie J Johnson

ADDRESS 5464 Creston Dr

CITY San Diego STATE Ca ZIP 92114

☐ 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 34876

Date: 8-4, 19 87

From: Gussie Johnson Address: S.D.

Twenty - Five Dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale - Coupon #2
E-6699

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No ____

Acct. No ____

W.O. E-6699

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 3567

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J.D.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699 E 66991

Gussie J. Johnson
5464 Creston Drive
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 $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 26.00

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35086

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/ , 19 87

From: Jessie Johnson Address: 5964 Creston Dr, SD

Twenty-five 00/ Dollars ($ 25.00)

In _____ Payment of Coupon #4 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 6699

BALANCE DUE 475.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3636

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Hardy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 —

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-6699

E 6699

Gussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35248

Date: 11-4, 1987

From: Gracie Johnson Address: 5464 CRESTON DR. S.D. 92114

Twenty Five Dollars Dollars ($ 25.00)

In part Payment of Coupon #5 Credit for Lots

Lot 117 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6699

BALANCE DUE 450.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3661

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

NOV 6 1987

ISSUED BY Bruce Morrison

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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

E 6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						X					

Amount due when paid on or before due date above: 1th $ 35.00

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

№ 34994

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-4, 1987

From: [illegible] Address: 5464 [illegible] Dr. 92114
[illegible] 001 Dollars ($ 25.00)

In _____ Payment of Canyon #3 [illegible]

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 500.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3601

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
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)

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699 E 6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						X					

Amount due when paid on or before, due date above 10th ▶ $ 35.00

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

№ 35491

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Gussie Johnson Address:
Twenty Five Dollars ($ 25.00)

In _____ Payment of Cancelled #7 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3735

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 06 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						X					

Amount due when paid on or before due date above: 0th ▶ $ 35.00

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

№ 35725

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-17, 1988

From: Jessie Johnson Address: 5464 Creston Dr, SD 92114

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon #8 Crest Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 375.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3770

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 19 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)

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35922

Date: 3-28 19 88

From: Laurie Johnson Address: 5464 Cristata Dr. San Diego Ca 92114

Fifty dollars & 00/100 Dollars ($ 50.00)

In Full Payment of Credit Sales

Lot 117 Grave 6 Row — Section 1 Division 11 Block

Invoice No.

Acct. No. E-16699

W.O.

BALANCE DUE 325.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #3807

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 4 1988

ISSUED BY Dan Black

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 78390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6699

Gussie J. Johnson
5464 Creston Drive
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 ▶ $ 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** **9**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						X					

Amount due when paid on or before due date above: 9th ▶ $ 25.00

Amount due if paid more than _____ days after due date above: ▶ $ 1.00

$ _____

Amount Received $ _____

NAME G. Johnson

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35363

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-4, 1987

From: Gussie Johnson Address: 5464 Creston Dr, SD 92114

Twenty-five Dollars ($ 25.00)

In _____ Payment of Oxygen #6 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 425.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3695

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	—

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Gussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

№ 36072

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-2, 1988

From: Russell Johnson Address: 5464 Cristina Drive SD 92114

Twenty-five 00/100 Dollars ($ 25.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6899

BALANCE DUE 300.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3839

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 04 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** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Gussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						X					

Amount due when paid on, or before, due date above th ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36188

Date: 5-26, 19 88

From: [illegible] Address: 5464 Creston Drive SD

Twenty + five no/100 Dollars ($ 25.00)

In _____ Payment of Oregon 12 treated lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6649

BALANCE DUE 275.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3062

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 31 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

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Gussie J. Johnson
5464 Creston Drive
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: Oct ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36343

Date: 6-30, 1988

From: Jessie Johnson Address: 5464 Creston Dr. SD CA 92114

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Coupon 13 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 250.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3884

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 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 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cusello & Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						X					

Amount due when paid on, or before, due date above. 7th ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36474

Date: 8-2, 1988

From: [illegible] Johnson Address: 5464 Preston Dr.

Twenty-five dollars Dollars ($ 25 —)

In Payment Payment of credit lot sales

Lot [illegible] Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. C 6699

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 3125

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	—
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	—

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36631

Date: 9-6 1988

From: Jessie Johnson Address: 3464 Creston Dr. SD

Twenty-Five Dollars ($ 25.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3952

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
30% 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. S-6699

Cussie J. Johnson
3464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						X					

Amount due when paid on or before due date above. 5th ▶ $ 35.00

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 36784

Date: 10-5 19 88

From: Louise Johnson Address: 5464 Overton Dr, SD

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of burial lot

Lot 117 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6699

BALANCE DUE 175.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

CREDIT	67007	
20% Sales Care	77184	25 00
80% Sales of Lots	100 77164	
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 ✓

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3961

ISSUED BY

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36881

Date: 10-31, 1988

From: Jessie J. Johnson Address: 5464 Creston Drive SD

Twenty - five no/100 — Dollars ($ 25.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 150.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4010

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	6T00T		
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. E-6699

Cassie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						X					

Amount due when paid on, or before, due date above 15th $ 25.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37000

Date: 11-28, 1988

From: Jessie Johnson Address: 5464 Creston Drive, SD 92114

Twenty-five Nos — Dollars ($ 25.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 125.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4029

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea 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

CITY AUDITOR
DEC 02 1988

Send or bring one coupon with each remittance. **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie J. Johnson
5464 Creston Drive
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. Oct ▶ $ 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

E6679

$19.00 was
adjusted on
37116 (O. Freeman)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37116

Date: 12/22, 1988

From: [illegible] Address: 3404 [illegible] Drive

Twenty five dollars Dollars ($ 25 —)

In _____ Payment of Credit Sale

AUDITOR
DEC 27 1988

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 100 —

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 Nancy Hart

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 —

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6899

Cussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						X					

Amount due when paid on, or before due date above. JEA $ 35.00

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

№ 37302

Date: 2-3, 1989

From: Jessie Johnson Address: 5464 Custer Drive

Twenty-five 10/100 Dollars ($ 25.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-6699

BALANCE DUE 75.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY [signature]

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

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie J. Johnson
5464 Creston Drive
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 ▶ $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37432

Date: 3-3, 1989

From: [illegible] Johnson Address: 5464 Cristian Dr, SD 92114

Twenty-five nollars Dollars ($ 25.00)

In _____ Payment of Coupon 21 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 50.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 4139

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY [illegible]

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. E-6699

Cussie J. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						X					

Amount due when paid on or before due date above. 15th $ 35.00

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

№ 37569

Date: 3-30, 1989

From: [illegible] Address: 3464 [illegible] Dr, San Diego

[illegible] Dollars ($ 25.00)

In _____ Payment of Coupon 22 Credit Lot

Lot 117 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6699

BALANCE DUE 25.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4215

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY [illegible]

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 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cassie J. Johansen
5464 Creston Drive
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 ▶ $ 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

NAME Johnson, Gussie J. ACCT. NO. E-6699

ADDRESS 5464 Creston Drive, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
J[redacted] 2 87	Lot 117, Gr 6, Sec 1, Div 11	595 00		195 00	400 00
2-17 88	Coupon #8, Receipt 35725			25 00	375 00
3-28 88	Coupons #9&10 Receipt 35933			50 00	325 00
5-2 88	Coupon #11 Receipt 36072			25 00	300 00
5-26 88	Coupon #12 Receipt 36188			25 00	275 00
6-29 88	Coupon #13 Receipt 36343			25 00	250 00
8-2 88	Coupon #14 Receipt 36474			25 -	225 -
9-6 88	Coupon 15, Receipt 36631			25 00	200 00
10-5 88	Coupon 16, Receipt 36784			25 00	175 00
10-31 88	Coupon 17, Receipt 36888			25 00	150 00
11-28 88	Coupon 18, Receipt 37000			25 00	125 00
12-22 88	Coupon 19 Receipt 37116			25 00	100 00
2-3 89	Coupon 20 Receipt 37302			25 00	75 00
3-3 89	Coupon 21 Receipt 37432			25 00	50 00
3-30 89	Coupon 22 Receipt 37569			25 00	25 00
5[redacted] 89	Coupon 23, Receipt 37729			25 00	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37729

Date: 5-2, 1989

From: [illegible] Address: 5469 [illegible] Dr. 3D

[illegible] Dollars ($ 25.00)

In _____ Payment of [illegible] 23 [illegible]

for [illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 8-6699

BALANCE DUE —

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4234

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

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

CITY AUDITOR
MAY 0 2 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6699

Cussie L. Johnson
5464 Creston Drive
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						X					

Amount due when paid on or before due date above. 5th $ 35.00

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

Sat nite

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodney N. Johnson

in a ash Vault/Urn Funeral, date, time No Service AAP.

Church, Chapel, Graveside : Rosedale Mortuary. 6/12

All Funeral cars must 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 1808 Grave Row Section Division/Block 10

Grave space & Care Fund ... Top 1/2 Sp. 1808	$100.00
Additional spaces and care fund	none
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	342.40
Paid receipt number 34636	342.40
Balance due	-0-

PAID
JUN 2 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

William L. P. McBratle
Signature
1815 N. 48th Street
Address
San Diego CA 92102
State Zip Code
(619) 264-5117
Telephone

Work Order # E 6700

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6700

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RODNEY NEAL JOHNSON	Male	Sept. 8, 1966	May 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
National City	San Diego	Reuben Johnson - Father 6203 Alderley Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5250 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 St.; San Diego, California	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Lomada Inc.: El Cajon, California	DATE CREMATED 6/5/87	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 JUN 4 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 6/12/87 (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 ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR

OFFICIAL RECEIPT

№ 34636

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/2/87, 19

From: William McCastle Address: S.D.

Three Hundred Forty two and 40/100 Dollars ($ 342 40/2)

In full Payment of Treatment of Cremains of Rodney N. Johnson

Lot 1808 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 6700

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1876

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Joyce

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 ~~77183~~	60	00
Recording & Misc. Fees	100 77183	3[illegible]	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	80101 78390	2	40
TOTAL PAID	$	342	40

Man dies after crash

A Valencia Park man died in Paradise Valley Hospital after he was thrown from a car and then pinned under it following a collision in the 4900 block of Dr. Martin Luther King Jr. Way, the coroner's office reported.

Rodney N. Johnson, 20, of the 6200 block of Alderley Street, was a passenger in a car driven by Phillip Lawton, 22, of San Diego.

Police said the car was eastbound on King Way when it collided at 11:20 p.m. Saturday with a westbound car being driven by Geraldine Lindsey, 33, of Spring Valley. Lawton was taken to Kaiser Hospital with wrist injuries, and Lindsey was transported to Mercy Hospital with internal injuries. Johnson died about 8:45 a.m. yesterday.

E-6700